

2016

Enhancing the Couple Alliance and Developing a Dyadic Orientation in Discursive Couples Therapy: A Conversation Analysis of Therapists'

Samira Y. Garcia

Nova Southeastern University, sg649@nova.edu

This document is a product of extensive research conducted at the Nova Southeastern University [College of Arts, Humanities, and Social Sciences](#). For more information on research and degree programs at the NSU College of Arts, Humanities, and Social Sciences, please click [here](#).

Follow this and additional works at: https://nsuworks.nova.edu/shss_dft_etd



Part of the [Counseling Commons](#), and the [Marriage and Family Therapy and Counseling Commons](#)

Share Feedback About This Item

NSUWorks Citation

Samira Y. Garcia. 2016. *Enhancing the Couple Alliance and Developing a Dyadic Orientation in Discursive Couples Therapy: A Conversation Analysis of Therapists'*. Doctoral dissertation. Nova Southeastern University. Retrieved from NSUWorks, College of Arts, Humanities and Social Sciences – Department of Family Therapy. (21)
https://nsuworks.nova.edu/shss_dft_etd/21.

This Dissertation is brought to you by the CAHSS Theses and Dissertations at NSUWorks. It has been accepted for inclusion in Department of Family Therapy Theses and Dissertations by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.

Enhancing the Couple Alliance and Developing a Dyadic Orientation in Discursive
Couples Therapy: A Conversation Analysis of Therapists' Actions

by

Samira Y. Garcia

A Dissertation Presented to the
College of Arts, Humanities, and Social Sciences
In Partial Fulfillment of the Requirements for the Degree of
Doctor of Philosophy

Nova Southeastern University

2016

Copyright

by

Samira Y. Garcia


April 2016

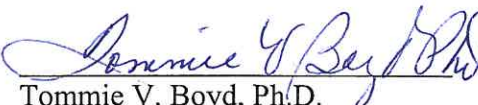
Nova Southeastern University
College of Arts, Humanities, and Social Sciences

This dissertation was submitted by Samira Y. Garcia under the direction of the chair of the dissertation committee listed below. It was submitted to the College of Arts, Humanities, and Social Sciences and approved in partial fulfillment of the requirements for the degree of Philosophy in the Department of Family Therapy at Nova Southeastern University.

Approved:

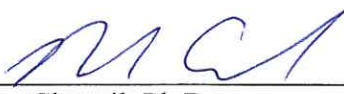
2/11/16
Date of Defense


Ron Chenail, Ph.D.
Chair


Tommie V. Boyd, Ph.D.


Douglas G. Flemons, Ph.D.

4/20/16
Date of Final Approval


Ron Chenail, Ph.D.
Chair

ACKNOWLEDGEMENTS

“There is no happiness like that of being loved by your fellow creatures and feeling that your presence is an addition to their comfort.” – Charlotte Brontë

This process would not have been possible without my wonderful dissertation chair, Dr. Ron Chenail, and dedicated committee, Dr. Tommie V. Boyd and Dr. Douglas G. Flemons. You each brought something to the table. You’ve each helped my grow in different ways. I have no words but THANK YOU for your matchless support and contributions. I would also like to thank the NSU community and my DFT colleagues. I consider you a family. You are wonderful and challenging, sometimes messy but overall rewarding. I am lucky to be part of you, blessed to be among you. I would’ve never thought I’d be surrounded by such brilliance, quirkiness, fun, and creativity when I applied to the doctoral program.

I thank my family. Jose and Cecilia, my father and mother. Los quiero mucho. I’m here today because you’ve taught me respect, integrity, and compassion. You are inimitable. Brendy, the best of all big sisters, you’re my best friend. Your encouragement in all I do is incredible. I love being your little. Rhina, my big little sister, you’re my role model. You are smart. You are kind. You are funny as all get out. I love being your big.

Most importantly I thank GOD for the strength, courage, protection and joy He’s provided me all of my life. WITH HIM ALL THINGS ARE POSSIBLE, WITHOUT HIM NOTHING.

TABLE OF CONTENTS

Acknowledgments.....	iv
List of Tables.....	xi
List of Figures.....	xii
Abstract.....	xiii
CHAPTER I: INTRODUCTION.....	1
Definition and Prevalence of Couples Therapy.....	2
Challenges of Couples Therapy.....	4
The Couple Alliance.....	7
Research in Couples Therapy.....	8
The Influence of Postmodernism.....	11
Discursive Therapies.....	12
Discursive Couple Therapies.....	13
Conversation Analysis.....	15
Self-of-the-researcher.....	16
CHAPTER II: REVIEW OF THE LITERATURE.....	18
The Couple Alliance.....	19
Specific Models and Common Factors.....	22
Narrative Therapy.....	23
Externalizing Conversations.....	25
Re-authoring Conversations.....	26
Re-membering Conversations.....	26
Definitional Ceremonies and the Use of Outsider Witness.....	27

Highlighting Unique Outcomes.....	27
Scaffolding Conversations.....	28
Narrative Therapy with Couples.....	29
Solution-Focused Brief Therapy.....	30
Describing the Problem.....	32
Developing Well-formed Goals.....	32
Exploring Exceptions.....	32
Coping Questions.....	33
The Miracle Question.....	33
End-of-session Feedback.....	34
Evaluating Progress.....	34
Solution-Focused Brief Therapy with Couples.....	35
Collaborative Language Therapy.....	36
Transparency/Being Public.....	38
Witness.....	38
Not-knowing.....	39
Multipartiality.....	39
Collaborative Language Therapy with Couples.....	40
Research Questions.....	41
CHAPTER III: METHODOLOGY.....	43
Qualitative Research Paradigm.....	43
Discourse Analytic Approaches.....	44
Seven Tasks of Discourse.....	47

Conversation Analysis.....	47
Data Sources and Data Collection.....	48
Inclusion Criteria.....	49
Ethical Concerns.....	50
Data Analysis.....	52
Transcription.....	52
Memoing.....	54
Coding and Building Collections.....	54
Open Coding.....	55
Axial Coding.....	55
In vivo Coding.....	56
Abstracting.....	57
Cross-case Analysis.....	57
Quality Control.....	58
Quality Control in Conversation Analysis.....	58
Pilot Study.....	59
CHAPTER IV: FINDINGS AND DISCUSSIONS.....	61
Research Question 1: Do discursive therapists' linguistic actions in couples therapy display the theoretical notions, techniques, and tenets they claim? If so or not, what effect does this have on the couple alliance?.....	61
Narrative Therapy.....	62

Claim #1: Narrative therapists address/challenge patriarchy, power, privilege, binary gender roles, and family history.....	62
Claim # 2: Narrative therapists challenge the dominant story of dysfunctional communication within couples therapy field.....	65
Claim #3: Narrative therapists connect to/deconstruct cultural definitions regarding couples.....	68
Claim #4: Narrative therapists provide alternate understanding outside of the problem.....	70
Solution-Focused Brief Therapy.....	73
Claim #1: SFBT with couples is future oriented.....	75
Claim #2: SFBT with couples is collaborative.....	77
Claim #3: Solution-focused brief therapists identify couple resources.....	78
Claim #4: Solution-focused brief therapists build couple's skills to enhance the relationship.....	81
Collaborative Language Therapy.....	82
Claim #1: CLT therapists flatten the client-therapist Hierarchy...	83
Claim #2: CLT therapists flatten the client-client hierarchy.....	84
Claim #3: CLT therapists negotiate meanings with the couple....	86

Research Question 2: What commonalities and differences appear to exist	
between these three discursive recognized models that may or may not	
support a common factors approach?.....	88
Symmetrical Structure of the Dialogue.....	89
Symmetry in NT.....	90
Symmetry in SFBT.....	91
Symmetry in CLT.....	93
Contextual Understanding of Self and Partner.....	95
NT Contextual Understanding of Meaning.....	95
SFBT Contextual Understanding of Behavior.....	96
CLT Contextual Understanding of Polarized Perspectives.....	98
Expanding Changes to the Larger System.....	99
Re-membering in NT.....	100
Other's Perceptions and Perspectives on Behavioral Changes	
in SFBT.....	101
Hypothesizing other's feelings and thoughts in CLT.....	103
Use of Thematic Summaries.....	106
Thematic Summaries in NT.....	106
Thematic Summaries in SFBT.....	108
Thematic Summaries in CLT.....	109
CHAPTER V: DISCUSSION AND IMPLICATIONS OF THE STUDY.....	111
The Strong Couple Alliance.....	112
Agreeing on the Nature of the Problem.....	113

Agreeing on the Goals of Treatment.....	113
Feeling Connected to One Another in Coping With Concerns.....	114
Seeing Conjoint Therapy as Meaningful.....	115
Addressing the Challenges of Couples Therapy.....	115
Common Factors.....	116
Symmetrical Structure of the Dialogue and Expanding the Therapeutic Alliance.....	117
Contextual Understanding of Self/Partner and Conceptualizing Difficulties in Relational Terms.....	117
Expanding Changes to the Larger System and Expanding the Direct Treatment System.....	120
Use of Thematic Summaries and Disrupting Dysfunctional Relational Patterns.....	121
Similarities between modern and discursive couples therapy.....	123
Implications of the Study.....	124
Limitations of the Study.....	126
Implications for Future Research.....	127
Personal Reflections on the Research.....	128
References.....	131
Biographical Sketch.....	157

List of Tables

Table 1. Conversation Analysis Questions.....	47
Table 2. Video Recording Data Sources.....	50
Table 3. Transcription Conventions.....	53
Table 4. Coding Summary.....	57
Table 5. Narrative Therapy Practice Claims and Techniques.....	63
Table 6. Solution-Focused Brief Therapy Practice Claims and Techniques.....	74
Table 7. Collaborative Language Therapy Practice Claims and Techniques.....	83
Table 8. Commonalities in Couple Therapy Practices Across Discursive Models.....	89

List of Figures

Figure 1. Symmetrical Structure of the Dialogue.....	118
Figure 2. Contextual Understanding of Self/Partner.....	119
Figure 3. Expanding Changes to the Larger System.....	121
Figure 4. Use of Thematic Summaries.....	122

Abstract

The purpose of this study is to develop an interpretative understanding of how discursive therapists' linguistic actions enhance the couple alliance. Additionally, this study includes an exploration of whether these models hold up to a common factors conversation in the practice of couples therapy. The couple alliance is the central relationship in couples therapy. Previous research suggests that therapists' actions might have an effect on enhancing this alliance by creating a dyadic orientation. In postmodern/discursive models of practice, therapists' actions have gone mostly unexplored, leaving therapists with little understanding of what is done in the process of couples therapy that enhances the couple alliance and creates a dyadic orientation. Results from a Conversation Analysis of couple's cases in Narrative Therapy, Solution-Focused Brief Therapy, and Collaborative Language Therapy suggest the linguistic actions of discursive therapists appear mostly congruent with the claims they make regarding couples therapy. These actions may produce an enhanced couple alliance based on the empirically supported characteristics of a strong couple alliance. Findings also support model-dependent common factors of discursive couples therapy. In all three approaches the couple alliance appears to be enhanced by: (a) developing a symmetrical structure of the dialogue, (b) developing a contextual understanding of the self and the partner, (c) expanding the changes to the larger system, and (d) using thematic summaries. These findings have implications for practice and training in discursive couples therapy. Recommendations for future research include utilizing deductive reasoning in outcome studies to explore the effectiveness of a discursive couples therapy common factors approach to enhance the couple alliance.

CHAPTER I: INTRODUCTION

Couples therapy has grown exponentially as a modality of delivering therapeutic services (Burbach & Reibstein, 2012). Though some have called couples therapy an essential part of mental health services (Snyder, Castellani, & Whisman, 2006), only recently has there been a focus on two important aspects of this modality, couple distress and the process by which it is undertaken (Burbach & Reibstein, 2012; Lebow, Chambers, Christensen, & Johnson, 2012). The actions taken by couples therapists that may benefit the couple relationship, reduce couple distress, and enhance the couple alliance between the partners have been minimally researched (Carr, 2014; Sprenkle, 2012). This dissertation explores the claims made by discursive therapists working with couples. The literature indicates that whereas some models of therapy have received systematic attention to their application and process with couples (Snyder & Halford, 2012), these adhere to a modernist epistemology (e.g., Behavioral Couples Therapy, Integrative Behavioral Couples Therapy, and Emotionally Focused Couples Therapy). Discursive models of therapy, such as Narrative Therapy, Solution-Focused Brief Therapy (SFBT), and Collaborative Language Therapy, which adhere to a postmodernist epistemology (Chenail, DeVincentis, Kiviat, & Somers, 2012), have more or less been neglected and require more attention in couples therapy research (Carr, 2014). These discursive models appear to be widely used, yet seldom researched, when it comes to addressing couple distress and other couple and individual issues (Carr, 2014). Exploring the use of these models for responding to such complaints is important since couple distress has been deemed the most common reason for couples to seek therapeutic services (Johnson & Lebow, 2000; Lebow et al., 2012).

Some researchers have begun work in this area by identifying the challenges of couples therapy, as well as common factors affecting couples therapy outcomes (Simon, 2011; Sprenkle, 2012). Among these common factors is the therapeutic alliance, which has been documented as the most prominent therapist-influenced factor in client outcome (Fife, Whiting, Bradford, & Davis, 2014). In couples therapy, the therapeutic alliance is multi-dimensional and inclusive of various relationships (Bartle-Haring et al., 2012). While the therapeutic alliance involves both clients and therapists in a web of interrelated subsystems, it is the primary couple relationship on which I have chosen to focus for this study. This subsystem of the therapeutic alliance, as it specifically pertains to couples therapy, has been rarely written about, which has contributed to a gap between couples therapy research and its implementation in practice (Gurman, 2008; Oka & Whiting, 2013). To close this gap, some researchers have suggested using qualitative methods, which are more congruent with clinical practice, rather than the more traditional controlled clinical trials that test effectiveness (Oka & Whiting, 2013). A qualitative conversation analysis of discursive therapists' actions in couples therapy helps to address this gap and provides new and novel ways of viewing the couples therapy process. In this study, I conducted a conversation analysis of three discursive couples cases. Each case corresponded to a discursive model of therapy and focused on therapists' actions concerning the couple alliance.

Definition and Prevalence of Couples Therapy

Gurman and Snyder (2011) define couples therapy as a “diverse set of interventions provided to partners in an intimate relationship intended to reduce relationship distress and promote relationship well-being” (p. 485). In an earlier historical

review of couples therapy, Gurman and Fraenkel (2002) refer to it as that which is delivered with both partners of a couple in the therapy room. This practice is better known as conjoint therapy, a term coined by Don Jackson in 1959 (Broderick & Schrader, 1991). For the purpose of this study, a combination of these two distinctions provides a working definition of couples therapy. I define couples therapy as a set of interventions delivered through conjoint therapy with the purpose of reducing couple distress and/or promoting relationship well-being. This is not to be confused with concurrent couples therapy, which is provided to each partner individually by the same therapist (Cookerly, 1980) and was not regarded in this study.

First known as marital counseling, couples therapy was performed as an auxiliary service by professionals (e.g., physicians, gynecologists, nurses, ministers) whose primary focus was not mental health (Broderick & Schrader 1991; Gurman & Fraenkel, 2002). With no theory of their own, the practitioners of the developing field allied with the most prominent peer group of the moment, the psychoanalysts (Gurman, 2008). It was during this phase in the history of couples therapy that the practice of conjoint marital counseling began in the late 1960s (Gurman, 2008). As late as 1956, it was considered unwise to practice conjoint couples therapy (Broderick & Schrader, 1991). In his analysis of the changing focus of marital counseling, Michaelson (as cited by Broderick & Schrader, 1991) reported that by 1940 only 5% of clinicians used conjoint couple interviews, 9% by 1950, and only 15% by 1960. In the last decade, that number has risen to as many as 70% on a global scale (Lebow, 2006), and the conjoint modality has become the primary format in the practice of couples therapy (Gurman, 2008). The growing prevalence of couple distress and the awareness of its effects on health, and

emotional and behavioral problems, have brought couples therapy to the forefront as an important area of practice and research in mental health (Carr, 2014; Snyder et al., 2006). Gurman states, “With the changing expectations of not only marriage itself but also of the permanence of marriage, the public health importance of the health of marriage has understandably increased” (2008, p. 3). Included in the growth of couples therapy is the replacement of the original marital therapy label. Couples therapy is now not only provided to married heterosexual couples, but also to a myriad of other committed relationships, such as cohabitating couples and LGBTQ couples (Gurman & Fraenkel, 2002; Lebow et al., 2012).

Challenges of Couples Therapy

Due to the increased popularity of couples therapy a number of challenges have emerged in its practice. Couples therapy has been heralded as one of the most challenging modalities of psychotherapy (Simon, 2011). *The Psychotherapy Networker* magazine, a premier publication in the psychotherapy community, dedicated an entire issue to why working with couples is so challenging and why some therapists shy away from providing this service. When couples enter therapy with the threat of the dissolution of the relationship or other intense issues, the therapist may be exposed to a rapid escalation within the session that is uncommon in other therapy modalities (Doherty, 2002). Partners’ self-interests may conflict with each other (Friedlander, Escudero, Heatherington, & Diamond, 2011; Rosenblatt & Reiks, 2009); they may have divergent views on the origin of the problem and different levels of motivation for therapy (Symonds & Horvath, 2004); or one partner may blame the other as the root of the problem or distress (Sullivan & Davila, 2014). Ambiguities in problem and goal

definition can prevail, making the session a breeding ground for disagreement and conflict if not well managed by the therapist (Martinez, Tomicic, & Medina, 2012).

One of the most prominent challenges of couples therapy is joining with both partners in a balanced way. If the therapist is not aware of his or her own biases in the joining process he or she can alienate one partner in agreeing with the other, winning one client's approval at the expense of the other (Doherty, 2002). Research shows that more time is spent joining and clarifying goals and expectations in couples therapy than in any other modality of therapy (Bartle-Haring et al., 2012). The therapist must ensure that the needs, goals, and expectations of each partner are being addressed (Bartle-Haring et al.). Failure to join with both partners in a balanced way may expand the initial problem or complaint, especially when the couple comes to therapy with a partner-is-the-problem position (Rosenblatt & Reiks, 2009; Sullivan & Davila, 2014). Moreover, the therapist runs the risk of performing concurrent couples therapy, or parallel individual sessions, as opposed to conjoint couples therapy (Donovan, 1998). In order for the therapist to avoid taking sides, or joining in an unequal way, certain skills must be acquired that are not necessarily used in individual therapy. These negotiation skills are key in establishing the direction of therapy in a way in which both partners can sign on (Friedlander, Lee, Shaffer, & Cabrera, 2013). Clients may develop negative perceptions of their therapy experiences when therapists fail to establish clear direction for therapy goals that encompasses all family members (Chenail, St. George, Wulff, Duffy, Scott, & Tomm, 2012).

Another challenge of couples therapy is the possibility that partners are coming in with their "game-face" on. In individual therapy a client can avoid an uncomfortable

issue or topic by simply not bringing it up (Bader & Pearson, 2011). In contrast, during a couples session one partner can easily introduce something that the other partner finds uncomfortable, each client being less in control of the information that is brought to the therapist's attention (Bader & Pearson, 2011). With this, clients may feel the need to come to therapy with a defensive or offensive strategy, making the session a high-tension environment. The possibility of the presence of secrets between the couple may also be an influencing factor in heightening the tension in the room (Simon, 2011). It should be noted that partners may be defensive about sensitive issues, or this may just be the culture of the relationship they are bringing in to therapy. Therapists are often "faced with the force of two strong individuals as they are colliding" (Weil, 2012, p. 1).

Certainly not the last challenge of couples therapy, but one worth mentioning here, is what Doherty (2011) called mixed-agenda couples. These are partners who hold discordant views on the purpose or goal of therapy for them; one may be ready to work on the marriage while the other is ready to give up on it. Doherty (2011) approximates that nearly 30% of couples that seek treatment are in this position, and he warns that therapists may have some role confusion as to being a marriage counselor, divorce counselor, or individual therapist to each partner. Needless to say, with this type of couple, the other challenges of couples therapy may be amplified. Symonds and Horvath (2004) explain that it is not unusual for partners to differ in motivation for therapy, creating unequal conditions for each partner, to the burden of the therapist. There is a level of both structure and flexibility required from the therapist in order for both partners to be engaged in the process of therapy (Froude & Tambling, 2014; Symonds & Horvath, 2004).

The Couple Alliance

In listing the challenges of couples therapy it is apparent that many, if not all, are grounded in relational interactions. Multiple relationships are in play in the couples therapy process, and how the therapist manages these has an important role in the process itself and on how clients experience therapy (Chenail et al., 2012). These challenges significantly raise the interactional demands on the therapist (Beck, Friedlander, & Escudero, 2006; Friedlander et al., 2011), transforming the process into a multi-dimensional layering of simultaneously occurring relational interactions. This has best been conceptualized within the context of the therapeutic alliance, which is also complicated through the multiple interactions in conjoint therapy (Mahaffey & Lewis, 2008).

Pinsof and Catherall (1986) formally introduced a multi-level model of alliance, the Integrative Psychotherapy Alliance (IPA) model. This model not only includes how the therapist builds alliances with each of the persons in the room, but also considers the relational interactions happening within the client subsystem or the within-family alliance. Multiple researchers have taken on the task of exploring this phenomenon, and as a result different terms for it have emerged. Symonds and Horvath (2004) refer to it as *allegiance*, Garfield (2004) as the *loyalty dimension*, and Friedlander, Escudero, and Heatherington (2006) as the *clients' shared sense of purpose*. These last researchers define this construct as “the degree to which family members are cohesively invested in therapy” (Friedlander et al., 2006, p.126) and consider it the most prominent of the subsystems interlocked in the therapeutic relationship. Regardless of what they may call it, these researchers all agree on one thing. In couples therapy, the relationship of interest

is the one between the couple. This relationship may be the source of the problems, but it is also what Gurman refers to as “the central healing relationship” (2010, p. 4). For the purpose of this study, this construct will hereinafter be referred to as the couple alliance and is defined as a non-static phenomenon that can fluctuate throughout the course of the therapeutic process, one that can be enhanced through therapists’ actions in theory-specific ways (Friedlander et al., 2006; Lambert, Skinner, & Friedlander, 2012). When working with couples, attending to the couple alliance first may help to establish a stronger overall therapeutic alliance, which can recursively enhance the couple alliance (Garfield, 2004; Symonds & Horvath, 2004). A strong therapeutic alliance is considered among the common factors that can promote positive client experiences and positive outcomes (Bartle-Haring et al., 2012). Research shows that “the therapy relationship accounts for why clients improve (or fail to improve) at least as much as the particular treatment method” (Norcross & Wampold, 2011, p. 98).

Research in Couples Therapy

Research has indicated that couples therapy is statistically and clinically effective in reducing relationship distress (Snyder et al., 2006; Snyder & Halford, 2012). Positive outcomes of couples therapy mirror those of individual therapy, with 70-80% of couples receiving services showing improvement over couples that remain untreated (Gurman, 2011). John Gottman, one of the most prominent researchers of couples therapy, has concentrated his efforts on the study of couples’ behaviors (Lebow, 2006). His outcome-based research work has advanced in couples therapy with its contribution to what sets successful couples apart from others (Gottman & Gottman, 2008). Gottman uses his research to develop his therapeutic interventions (1999). Sue Johnson, another prominent

couples therapy researcher and practitioner, has focused her efforts on the study of attachment security, specifically looking at the influence of the mother-infant attachment (Johnson, 2003). She also uses her research to advance her Emotionally Focused Couples Therapy approach. Both of these approaches are part of the four couples therapy models with empirically supported positive outcomes; these four are: (a) Behavioral Couples Therapy, (b) Emotionally Focused Couples Therapy, (c) Integrative Behavioral Couples Therapy, and (d) Insight-Oriented Couples Therapy (Gurman, 2011; Lebow, 2006). These models can all be classified as modern models of psychotherapy. Their developers hold modern assumptions, which endorse the existence of objective knowledge of what is normal and what is pathology—knowledge that purportedly produces change once it is discovered (Pocock, 1995). Modernist assumptions establish the therapist as an expert who dissects the couple's interactions, seeking the root of the problem and where to intervene (Flaskas, 2010). This could explain Gottman's focus on clients' characteristics and Johnson's on attachments, two concepts that they have placed along normal-pathology and function-dysfunction spectrums. These same spectrums guided early marital therapists' affiliation to the psychoanalysis community and underlie our current healthcare system. Given that our healthcare system mostly operates on scientific discovery, modern assumptions have provided an infrastructure for couples therapy research in the form of outcome studies (Gurman, 2008). These studies have been helpful in determining the effectiveness of couples therapy, but there has been little impact on the way couples therapy is undertaken in practice. Gurman (2011) argues that the end-users of couples therapy research, the therapists themselves, have been ignored or generally unsupported in the current research. A gap between research and practice has emerged

(Gurman, 2011), and it does not seem to be properly addressed (Oka & Whiting, 2013).

In at least two of his reviews on the status of couples therapy, Gurman advocated the importance of process research to diminish this gap (Gurman, 2011; Gurman & Fraenkel, 2002). Further, process-to-outcome and/or process research studies have been listed as the next logical step for the developmental trajectory of the couple and family therapy field (Sexton, Gordon, Gurman, Lebow, Holstzworth-Munroe, & Johnson, 2011). These suggested studies would focus on model-specific mechanisms of change and therapists' actions to support philosophically driven interventions in following with the field's evidence-based trend (Sexton et al., 2011). The study presented in this dissertation fulfills these suggested criteria with a focus on discursive models of therapy and the linguistic actions of the therapists in the therapeutic dialogue.

Common factors have also emerged as a powerful trend in the field of couples therapy research, for both practice and training curricula (Karam, Blow, Sprenkle, & Davis, 2014). Proponents of common factors posit that absence of differential outcomes across models is the result of common mechanisms of change (Snyder & Balderrama-Durbin, 2012), while model-specific mechanisms of change remain unclear (Snyder & Halford, 2012). To alleviate this lack of clarity, others have suggested a synthesis of model-specific interventions into meta-models grounded in the therapeutic alliance and the therapist's stance rather than on specific techniques (Fife et al., 2014). Postmodern therapy, or discursive therapy, as it is also called, has been recognized and promoted as one of these meta-therapies (Chenail et al., 2012). In this study I explored three individual models that are recognized as part of the postmodern meta-therapy. I then compared the models to each other to shed light on what these common factors are, how

they emerge in practice, and how they can be synthesized (Sexton et al., 2011). To this end, I have produced three individual case studies and one collective case study. The collective study is a comparison of the three individual studies with the purpose of finding similarities and differences between the three individual case studies. Another way in which this dissertation contributes to the ongoing discussion in couples therapy common factors is on the topic of dyadic orientation in couples therapy. A dyadic orientation refers to the notion of partners coping with difficulties together rather than individually and has been found to be principal in positive outcomes across various models (Bodenmann & Randall, 2012). Since couples tend to hold and internalize individualist conceptualizations of problems (Froude & Tambling, 2014), focusing on the couple alliance might prove to be effective in further understanding the dynamics of dyadic orientation in couples therapy.

The Influence of Postmodernism

I chose to study discursive models of therapy due to the marriage and family therapy field's epistemological shift towards postmodernism. As couples therapy has grown from modality into a field of its own, other epistemological influences, besides the initial psychoanalytic and modernist perspectives, have found their way into the practice of couples therapy (Gurman & Fraenkel, 2002). In response to modernism's definitive and essentialist assumptions, a wave of thinkers developed what is now known as postmodernism (Rudes & Guterman, 2007). This alternative epistemological movement suggests that experience is socially embedded; it is not discovered but codetermined by its participants (Burston, 2006). Although postmodernist philosophy has been influential in many fields, such as anthropology, art, and architecture, in psychotherapy this

“orientation to knowledge” (Gergen, 1994, p. 266) has had a distinctive effect on the process of practice and research (Burston, 2006; Hansen, 2006; Hoffman, 2006; Sundet, 2012). The postmodernist movement, more specifically its social constructionist and constructivist branches, has changed the therapeutic conversation into a collaborative and egalitarian interaction between clients and therapists (Hansen, 2006). To adhere to a social constructionist epistemology is to recognize the linguistic co-creation of experience and to denounce the oppressive power of claims to expertise or objective truths (Hansen, 2006). In turn, “psychotherapy has successfully integrated postmodern ideas into its practice by focusing on the non-objective language games inherent in discourse” (DiTommaso, 2005, p. 349). Social constructionism and constructivism have transported the act of therapy into the domain of how the clients and therapist relate. This is congruent with the increased focus on the therapeutic alliance, a relationship-based concept.

Discursive therapies. The epistemological shift toward postmodern ideology led to the creation of discursive models of therapy. The term *discursive* refers to language and how conversations shape meanings and practices and how these meanings and practices recursively shape conversations (Strong & Paré, 2004). Consequently, meaning and knowledge are not individual and internal; rather they are localized in the spaces between interactions and relationships (McNamee, 2004). Discursive therapists emphasize the role of language as determinant of experience in which meaning is not transferred from one person to another but negotiated between people (Gergen & Gergen, 2012; Strong & Lock, 2005). This is the basis of social constructionism and constructivism, and it is also the building block for discursive therapies so that

“discursive therapists are therefore concerned with engaging clients, critically and practically, in the languages brought to and used in therapy” (Strong & Lock, 2005, p. 589). Among discursive models of therapy, the most known are Narrative Therapy, SFBT, and Collaborative Language Therapy (Chenail, DeVincentis, Kiviat, & Somers, 2012). The case studies in this dissertation correspond to each of these models.

Discursive couples therapy. Discursive therapists working with couples tend to focus on societal issues and discourses that contextualize the couple relationship and problems (Froude & Tambling, 2014). Issues of gender, power, and patriarchy may play a role in how the therapist proceeds within the sessions, especially in Narrative Therapy (Dickerson, 2013). SFBT with couples is strength-based rather than focusing on deficits (Gingerich & Peterson, 2013). This particular focus on strengths and future-orientation has allowed practitioners of SFBT to work with populations not usually suited for conjoint couples therapy, such as those who have experienced intimate partner violence (McCollum, Stith, & Thomsen, 2011). Through research, this model has also been found to be effective in improving marital adjustment (Gingerich & Peterson, 2013). As for Collaborative Language Therapy, it is more common for practitioners to integrate its tenets into other approaches of couples therapy, as long as a respect and integration of each partner’s understandings, values, and preferences remain (Sutherland & Strong, 2010).

Researchers have been inclusive of both couples and family therapy modalities for each of the three discursive models in the extant literature. No distinction has been made between the use of discursive models in treating couples and in treating other types of family units (Gurman, 2011). Some publications have been focused on individual

therapy practices and on specific interventions, techniques, and model tenets. Few, if any, research studies have used a straightforward application of any of these discursive models in a way in which results could be generalized to their practice in couples therapy. For example, the *Solution Focused Brief Therapy Manual* is written in regards to therapy with individuals (Bavelas et al., 2013). Examples of research on the use of Narrative Therapy with couples include the use of behavioral techniques (Brimball, Gardner, & Henline, 2003) and integration with other models (Chenail, DeVinentis, et al., 2012). Collaborative Language Therapy, which is perhaps the least researched of these three models (Chenail, DeVinentis, et al., 2012), lacks a substantial research base that is exclusive to the use of the model in couples therapy.

Alliance research in discursive couples therapy in support of therapists' actions is a bit more promising. Sutherland and Strong (2010) conducted a conversation analysis to better explore collaboration in discursive couples therapy. After micro-analyzing a couples therapy session, these researchers found that the relationships in therapy are negotiated in an interactive manner, in which both the therapist and clients influence outcomes (Sutherland & Strong, 2010). Other researchers support these findings with data showing the alliance as mediated through therapists' linguistic actions in managing change and alliance ruptures (Martinez et al., 2012). Ward and Knudson-Martin (2012) examined the effects of therapists' actions on the power balances and imbalances in couples therapy using a variety of postmodern approaches, including SFBT and Feminist Family Therapy. These last researchers found that the burden of providing balance falls on therapists, whose actions can both perpetuate or alleviate imbalances (Ward & Knudson-Martin, 2012).

Conversation Analysis

Since postmodernism challenges the goal of objectivity through empirical research (Hoffman, 2006), the modernist approach to outcome studies previously mentioned might prove discordant in the study of the discursive therapies' process. What is needed is an equally postmodern approach to research that addresses the gap of process research on discursive therapies. The discourse analytic approach is a category of qualitative research methods centralized on language-in-use (Gee & Handford, 2012), or how language serves to accomplish meaning (Starks & Trinidad, 2007). This study is a Conversation Analysis, one of the discourse analysis methodologies. In keeping with postmodernist philosophy and aligned with the three discursive models of psychotherapy listed above,

discourse analysts argue that language and words, as a system of signs, are in themselves essentially meaningless; it is through the shared, mutually agreed on use of language that meaning is created. Language both mediates and constructs our understanding of reality (Starks & Trinidad, 2007, p. 1374).

Conversation analysis, like other qualitative methods, takes into account the role of the researcher in punctuating and creating what is being researched. Starks and Trinidad explain that, "qualitative analysis is inherently subjective because the researcher is the instrument of analysis" (2007, p.1376). Nonetheless, some argue that qualitative research, and more specifically discourse analytic methods, benefits the therapeutic field in bridging the long recognized gap between research and practice (Gale, Lawless, & Roulston, 2004; Iwakebe & Gazzola, 2014). The product of discourse analytic approaches is often aimed at clinicians, practitioners, and policy makers (Starks &

Trinidad, 2007). By conducting three individual case studies, one for each model, I analyzed the work of leading practitioners/theorists in discursive therapies. I followed this with a collective case study, synthesizing the three initial case studies, to interpret any common factors and differences among these models when applied to couples therapy. The primary purpose of this dissertation is to provide an interpretative conceptualization of discursive couples therapy practices in terms of whether practitioners display the tenets and claims they make about their models. Findings suggest that discursive therapists use language to address the common challenges of couples therapy and that these approaches do enhance the couple alliance in similar ways.

Self-of-the-researcher

Ziegler and Hiller (2001) created an approach called Recreating Partnerships, specifically aimed at enhancing the couple relation. In Recreating Partnerships the therapist assists the couple in strengthening their relationship with the use of both solution-focused and narrative assumptions and techniques (Zeigler & Hiller, 2001). It was this approach that inspired me to undertake this topic of research. Having practiced couples therapy in Nova Southeastern University's Brief Therapy Institute with various cases fueled my curiosity as to the process of addressing couple relationship issues by both the couple and the therapists. As I have previously conducted qualitative research, I am familiar with the methodology used in this study. I chose to adopt a qualitative research paradigm and conversation analysis approach to acquire an in-depth look at the process of discursive couples therapy. Unlike other qualitative research approaches, conversation analysis is commonly used and regarded as an appropriate methodology for exploring the linguistic actions of speakers taking part in naturally occurring dialogue.

The following chapter is a review of the extant literature on both discursive couples therapy and the therapeutic and couple alliance. In Chapter III, I provide an in-depth, detailed explanation of the methods and procedures utilized to conduct this study. Chapter IV is a presentation of the findings. Lastly, in Chapter V, I discuss the significance of the findings. I also present the implications and limitations of this study, as well as possible topics for future research.

CHAPTER II: REVIEW OF THE LITERATURE

Couples therapy as a modality has a relatively short history and has been recognized as one of the most challenging forms of therapy (Gurman & Fraenkel, 2002). It is a modality that is fast-growing and becoming more popular among mental health practitioners (Lebow, 2006; Sprenkle, 2012). Within the context of a modern perspective, models of couples therapy have been developed, explored, researched, and refined (Doss, Thum, Sevier, Atkins, & Christensen, 2005; Hahlweg, Baucom, Grawe-Gerber, & Snyder, 2010). The postmodern epistemological turn, and the emergence of discursive models of therapy, in the marriage and family therapy field has left a gap in the literature concerning postmodern couples therapy (Carr, 2014). What discursive couple therapists do in the room to enhance the couple's relationship falls within this research gap. An examination of it and how discursive therapists' actions influence the couple alliance, the primary couple relationship, is helpful in bridging this research gap. While case studies are abundant within the three models generally recognized as discursive (Narrative Therapy, Solution-Focused Brief Therapy, and Collaborative Language Therapy), only one article specifically addresses both therapists' actions and the couple alliance, suggesting that more research accounting for these variables is needed (Kurri & Wahlstrom, 2005). Important to this discussion is also the marriage and family therapy field's current trend toward embracing common factors (Sprenkle, 2012; Sprenkle & Blow, 2004). Below, I offer a review of the literature concerning the couple alliance, discursive models of therapy, and common factors. I have also included a brief description of each model's underlying presuppositions and processes, and the couples therapy claims made by those who developed the models.

The Couple Alliance

Researchers have explored and defined the nuances of the therapeutic alliance as this concept has gained more systematic attention. The within-family therapeutic alliance is among the distinctions that have resulted from this research. As evidenced by its many names (Friedlander, Escudero, & Heatherington, 2006; Friedlander, Escudero, Heatherington, & Diamond, 2011; Garfield, 2004; Pinsof & Catherall, 1986; Symond & Horvath, 2004), the within-family alliance construct has become a recognized and exciting area of discussion. Researchers have focused on both couple and family modalities when exploring the within-family alliance. Their findings and results have been deemed applicable as long as there is more than one client in the therapy room. However, even those who argue that the process of family therapy and couples therapy is essentially the same contradict themselves by acknowledging that having two persons of the same generation working on a romantic relationship is indeed different from other modalities (de Shazer & Berg, 1985). In spite of this, I found no distinction in the literature on specific characteristics or interventions addressing primarily the couple alliance. Paradoxically, many have written about the unique difficulties of working with couples (Bader & Pearson, 2011; Doherty, 2002; Simon, 2011), and there is growing concession that the couple's relationship should be the central focus of couples therapy and intervention (Gurman, 2010; Mahaffey & Lewis, 2008; Symonds & Horvath, 2004). The couple alliance has been given little to no systematic attention, and the mechanisms of change that influence it within specific models have remained unclear (Snyder & Halford, 2012).

To date, articles written about the client subsystem alliance have been mostly limited to developing, articulating, and refining its definition. Some exceptions exist; the System for Observing the Family Therapy Alliances-observation (SOFTA-o) tool includes a measurement dimension for the family's shared sense of purpose (Friedlander, Escudero, Horvath, Heatherington, Cabrero, & Martens, 2006). This measure allows therapists to monitor the progression of the alliance and recognize ruptures and opportunities for repairs (Friedlander et al., 2006; Friedlander et al., 2011; Lambert, Skinner & Friedlander, 2012). The use of the SOFTA-o has yielded three essential aspects of a strong client subsystem alliance: "family members' (a) agreeing on the nature of the problem(s) and goals for treatment, (b) feeling connected to one another in coping with their concerns ..., and (c) seeing conjoint family therapy as a meaningful way to address the problem(s)" (Lambert et al., 2012, p. 426). Recently, more curiosity and research have focused on the use of this tool with couples, mostly in terms of outcomes and as a predictor of change (Bridges, 2015). Lambert et al. (2012) also found that alliance-building behaviors by the therapist, such as encouraging caring, compromise, and mutual support, as well as asking for each person's perspective and finding commonalities between the family members' ideas about the problem and its solution, were particularly helpful for enhancing the within-family alliance. These actions, known as therapist management techniques, have also been researched in the scope of working with couples, but no model specific descriptions are available (Mateu-Martinez, Puigdesend, Lopez, Miralles, & Carranza, 2014).

Pinsof and Catherall's (1986) development of the Integrative Psychotherapy Alliance (IPA) model yielded the Couple Therapy Alliance Scale (CTAS), which was

revised in 1994 (CTAS-r) to include the within-system dimensions (Pinsof, Zinbarg, & Knobloch-Fedders, 2008). CTSA-r is a 40-item, self-report questionnaire with four subscales, one of which is the couple alliance (Knobloch-Fedders, Pinsof, & Mann, 2004). Research using this tool suggests that therapists' factors (e.g., racial matching with clients) may help in a faster establishment of the therapeutic alliance as a whole (Knobloch-Fedders et al., 2004), but it does not report on therapists' actions—what a therapist actually does in the room to enhance the alliance. Further, research using the CTSA-r Short Form (CTSA-rSF) that resulted in determining the within (subsystem) dimension of the alliance was the most influential in retention and the continuation of therapy (Pinsof, Zinbarg, & Knobloch-Fedders, 2008). This is precisely why systematic attention to the couple alliance is of particular importance.

Anker, Duncan, Owen, and Sparks (2010) studied the alliance progression through the vantage of partner influence and found that a partner's alliance with the therapist has an effect on his or her own, as well as his or her partner's outcome. Although this particular study did not explore the couple alliance, its results suggest the multi-dimensionality of the overall therapeutic alliance system composed of the therapist and both members of the couple. Additional research shows that therapists' shifting conversations from monologue to dialogue in couples therapy aids in the development of safe contexts for partners to confront otherwise difficult issues together and develop a common understanding (Olson, Laitila, Rober, & Seikkula, 2012). A common understanding of goals is one of the indicators of a strong client subsystem alliance (Lambert et al., 2012). The above-mentioned study is one of the few to consider therapists' actions in supporting the couple alliance. Other studies on the use of

enactments, a primarily behavioral technique, also discuss therapists' actions (Butler, Davis, & Sedall, 2008; Sedall, 2009). Research on therapists' actions may be key not only to closing the gap between couples therapy practice and research, but also in enhancing the "power of the approach to which the therapist is already deeply and personally committed" (Gurman, 2011, p. 285). Looking into which ways therapists operationalize their model of practice may help in the therapeutic effectiveness of a single model (Simon, 2012). In one article concerning therapists' actions, Kurri and Wahlstrom (2005) found that the enhancement of the couple alliance was the "preferred ethical principle in therapist's talk" (p. 364). These researchers identified two types of therapists' discursive interventions, "the first focused on promoting the individual agency and responsibility of the spouses and the second type on highlighting the mutual responsibility of transactions" (Kurri & Wahlstrom, 2005, p. 362). This research was performed under the narrow scope of attribution of responsibility and not the overall process of therapists' actions pertaining to the couple alliance. Further, although the researchers adopted a social constructionist epistemology, no model-specific process was explored.

Specific Models and Common Factors

Model specificity has been suggested to be both necessary and pertinent to close the gap between marriage and family therapy research and practice (Sexton, Ridley, & Kleiner, 2004; Snyder & Halford, 2012). Critics of the common factors approach state that while there are commonalities between models that account for change, "specific therapy models provide structure for where, when, and how these principles should be accessed and utilized" (Sexton, Gordon, Gurman, Lebow, Holstzworth-Munroe, &

Johnson, 2011, p. 391). Further, it is through model-specific research that models such as Emotionally Focused Therapy have found success in integrating research into practice (Johnson, 2003).

The two powerful forces in the field of marriage and family therapy research are common factors and model-specific, evidence-based treatments; while in the past proponents of each seemed at odds with each other, some researchers and clinicians have opted for a middle ground between them (Fraser, Solovey, Grove, Lee, & Greene, 2012). This integration has become known as the moderate common factors approach and is considered beneficial in refining the couple and family therapy practice and training curricula (Karam et al., 2014). Principal proponents of common factors have also introduced a model of integration that supports evidence-based therapy as the future of marriage and family therapy, one that requires understanding of the specific models' theoretical foundation and mechanisms of change (Snyder & Balderrama-Durbin, 2012). Regardless of whether one proposes common factors, it seems as though model-specific practices are a worthy area of exploration and research. In couples therapy, modern models have received this type of attention (Lebow, 2006), while postmodern/discursive models have rarely been explored with regards to mechanisms of change and, most relevant to this study, therapists' actions concerning the couple alliance. A description of the three commonly recognized discursive models and a review of the research and literature regarding model process and the couple alliance for each follow below.

Narrative Therapy

Michael White and David Epston developed Narrative Therapy (NT) in the early 1980s (Epston, 2013), inspired by French philosopher Michel Foucault's thoughts on

power and knowledge (Chamberlain, 2012), as well as Jerome Bruner's idea of the multistoried person (Madigan, 2011). They developed their model of practice with a focus on social justice and client empowerment (Madigan, 2011). White and Epston (1990) proposed that the performance of stories is inadvertently tied to the performance of meanings, and that it is by these that lives and relationships evolve. The creators of NT also stated that "persons give meaning to their lives and relationships by storying their experience and that, in interacting with others in the performance of these stories, they are active in the shaping of their lives and relationships" (White & Epston, 1990, p.13).

Narrative therapists believe that problems arise when persons are situated within stories told by others that do not fit their preferred selves (Freedman & Combs, 1996; Madigan, 1992). These others-generated stories are usually found within the cultural context of the person, including: religion, the media, social services, education, government, and the law (Madigan, 2011). Together these stories are generally accepted as knowledge within one's culture and compose what is known in NT as the dominant discourse or dominant stories (Freedman & Combs, 1996). Dominant stories are seen to impose conceptual limitations on behavior, identity, and relationships (Payne, 2006). In NT, the therapist believes that people come to therapy when their experience within the dominant discourse is one of oppression and marginalization (Chang & Nylund, 2013). With the above claims, narrative theorists imply that the narrative therapist should not hold him- or herself to seeking the ultimate truth in clients' situation; the therapist also fails to hold the clients they see to any normal/abnormal categorization and rejects the existence of essential truths (Madigan, 1992). Instead, theorists present the narrative therapist's aim as the deconstruction of the stories their clients tell (Kogan & Gale, 1997;

Madigan, 1992). These problematic stories are considered to be reflective of oppressive and normalizing dominant stories (Payne, 2006). Through deconstruction of the dominant story, alternative stories, which theoretically better fit the client's preferred self, can emerge (Madigan, 1992). In this the therapist's role is that of facilitator in guiding the therapeutic process, while the client remains the expert of his or her own experience (Chamberlain, 2012).

White (2007) explained that the process of NT can be undertaken through the use of six types of conversations: (a) externalizing conversations, (b) re-authoring conversations, (c) re-membering conversations, (d) definitional ceremonies, (e) conversations highlighting unique outcomes, and (f) scaffolding conversations. These conversations represent the techniques used by narrative therapists.

Externalizing conversations. Through externalizing conversations the therapist attempts to separate the person's identity from the position that it is inclusive of the problem (White, 2007). Because the narrative therapist believes that the client has internalized the problem as part of his or her identity, he or she encourages the client to objectify the problem as an external force with which they have an oppressive relationship (White, 2007; White & Epston, 1990). Through questions of relative influence, the therapist attempts to highlight that the problem has an influence on the person but is outside of the person (Payne, 2006; White & Epston, 1990). Inversely, the person has influence over the problem as well, which theoretically increases the opportunities for personal agency (White & Epston, 1990). In NT, externalizing conversations are thought to afford the client the opportunity to work on the problem without the fear of self-eradication (White, 2007). This concept is probably more simply

presented in one of Michael White's most famous quotes, "The person is not the problem, the problem is the problem" (White, 2007, p.9). During the process of externalizing, the therapist acts as an investigator, seeking to expose the abuses of power and privilege perpetrated by the problem; however, the therapist aims to remain decentered, allowing the clients to take authorship of their lives (White, 2007).

Re-authoring conversations. Based on NT theory, the purpose of re-authoring conversations is to "assist people to have fuller participation and a stronger voice of authorship in the construction of the stories of their lives" (White, 2007, p. 77). These types of conversations are expected to allow clients to author their story and their experience in a way that includes unique outcomes or exceptions (Neal, 1996; White, 2007). Unique outcomes and exceptions are defined as moments that contradict the dominant story (Madigan, 2011). That is to say that the therapist does not listen to clients' stories with an ear for assessment or finding truth and history of the problem (Freedman & Combs, 1996). Rather, the therapist claims to listen for experiences that do not fit the dominant story and can be expanded into new alternative stories (White, 2007). By weaving together what narrative theorists refer to as the landscape of action (who, what, when, and where) and the landscape of consciousness (meanings, intentions, motivations, and beliefs), the therapist acts as a co-author with his or her clients (Freedman & Combs, 1996; White, 2007). This dance inadvertently moves into what is identified as the landscape of identity, since in NT to negotiate one's experience is to negotiate one's identity (White, 2007).

Re-membering conversations. These conversations are based on the NT assumption that life is relational and associative (White, 2007). The therapist invites the

client to re-collect and re-invite significant people from the past who would support his or her preferred identity/story (Besley, 2002). These significant people are said to be re-instituted as members of the client's life. In the same way that these persons' memberships, to what is referred to the client's club-of-life, may be upgraded, the client has the option of downgrading certain memberships that the client may experience as presently oppressive or that have been in the past (White, 2007). In this, narrative theorists believe that the client has a choice in selecting which voices to privilege in their narrative.

Definitional ceremonies and the use of outsider witness. The re-authoring of clients' narratives is assumed to benefit from the telling and re-telling of preferred stories (Payne, 2006). As stated above, a guiding assumption for NT is that meaning is attained through the performance of language and narratives (White & Epston, 1990). Definitional ceremonies are a ritualistic telling and re-telling that are meant to serve as a platform for the performance of the client's preferred narrative (White, 2007). This ritual takes place in front of a carefully selected, sympathetic audience known as outsider witnesses (Besley, 2002). The witnesses should provide support and feedback and ask questions intended to help the client revise, re-member, and further re-author his or her narrative; all in all, the process is said to allow the alternative narratives to be 'thickened' (Freedman, 2014). Throughout the process the outsider witnesses should be aware of what influence and responsibility their contributions may have (Talbot, 2012).

Highlighting unique outcomes. Unique outcomes are defined by narrative theorists as moments in the client's stories in which the assumed influence of the problem was overcome or non-existent (Gonçalves, Matos, & Santos, 2009). By highlighting and

deconstructing these anomalies in the client's story, the therapist claims to open up opportunities for new, alternative stories to be constructed (White, 2007). The therapist attempts to remain decentered in this process, with the purpose of affording the client full authorship and the opportunity to intentionally understand life events; but the therapist also claims to remain influential in structuring the inquiry (Gonçalves et al., 2009; White, 2007). Decentered but influential is the preferred position of the narrative therapist (White, 2007). The alternative stories generated and constructed through highlighting unique outcomes are implied to be a better fit for the client's preferred reality and identity (Payne, 2006).

Scaffolding conversations. Scaffolding conversations are meant to allow the client to bridge the gap between “what is known and familiar and what might be possible” (White, 2007, p. 263). These conversations are intended to enhance the client's sense of personal agency and should lead to responsible and intentional actions (White, 2007). Through the use of questions, the narrative therapist attempts to invite the client to generate plans for action, account for the favorable circumstance under which these actions will be undertaken, and predict the outcomes of said actions (Madigan, 2011). By highlighting intentions and motives the therapist claims to help the client develop better fitting identity descriptions that are different from the previously dominant identity statements based on deficiencies (Madigan, 2011). Scaffolding techniques have been likened to the behavioral technique of enactments, which are therapist-directed interactions (Brimball et al., 2003).

Narrative Therapy with Couples

From an NT perspective, dominant stories regarding patriarchy, power, privilege, binary gender roles, and family history are often considered the source of clients' problems (Dickerson, 2013). The therapist helps the client couple challenge these stories to identify what the couple's preferred story is, while also challenging the power plays within the client-therapist and client-client relationship (Dickerson, 2013). Although this may not sound too different from what narrative therapists do with individual clients, there is a complicating variable that is added to couples' work according to narrative theorists. With psychotherapy professionals' post-World War II adoption of information theory, narrative theorists believe that couples' problems have been deemed problems of communication, be it absent, insufficient, or dysfunctional communication (White, 2009). As a result, they claim that many therapeutic approaches for couples therapy, as well as the expectations that partners place on each other, have to do with resolving communication problems or achieving better, more functional communication (Beckenbach, Patrick, Sells, & Terrazas, 2014). The narrative therapist is responsible for challenging this idea as the process of therapy unfolds (White, 2009). If the narrative therapist were to join with the couple in the quest to resolve communication problems (the dominant story regarding couples therapy), it is thought to reduce the diversity of ways in which the problem can be dissolved (White, 2009). It is worth mentioning that narrative therapists also present themselves as more connected to the cultural definitions of their clients than other therapists; cultural ideas, expectations, and experiences regarding couples' relationships are often deconstructed in therapy (Anderson, Edwards, Hammersley, Sather, & Smith, 2013).

Literature on narrative couples therapy also addresses one of the common challenges of couples therapy, when one partner considers the problem to lie within the other (Sullivan & Davila, 2014). Gallant & Strauss (2011) posit that narrative therapists' multi-perspective stance and recognition of various perceived truths is effective in the reduction of blame. Narrative therapists often employ externalizing techniques to address this situation (Beckenbach et al., 2014). Rather than externalizing the problem from the person, the therapist attempts to externalize the problem from the partner, giving the partners the opportunity to understand each other outside of the problems (Freedman & Combs, 2008). According to Beckenbach and colleagues (2014), this affords the couple the opportunity to not only re-author their individual life stories and the role they play in the relationship, but to re-author the life of the relationship itself. Gallant and Strauss posit, "when couples experience the possibility of alternative ways of viewing the problem, they are then able to explore new possibilities for their relationship" (2011, p. 295). The use of outsider witness supports this process and is even more prominent in family and couple NT (Freedman, 2014); one client tells and re-tells his or her narrative with the help of the other family members acting as outsider witnesses. Although not purely a narrative approach, some argue for the adoption of enactments, as scaffolding to support the development of a new couple narrative may prove effective in NT practices (Brimball et al., 2003). Enactments are therapist-coached, partner-to-partner interactions intended to strengthen the couple alliance (Brimbal et al., 2003).

Solution-Focused Brief Therapy

Like narrative therapists, in SFBT, practitioners prefer not to inculcate a specific person as the origin of the problem. What sets SFBT apart from other models is the

presupposition that knowledge of the origin of the problem is unnecessary for problem dissolution (de Shazer et al., 1986). Instead, in the practice of SFBT, only enough information for the mutually agreed upon solution to fit with the clients' views is needed for problem dissolution (de Shazer et al., 1986). In SFBT, a solution is simply defined as life without the problem (Bavelas et al., 2013). Rather than the pathology-driven, problem-resolution stance, Solution-Focused Brief therapists adopt a solution-building position and task (Bavelas et al., 2013). Referred to as "the pragmatics of hope and respect" (Berg & Dolan, 2001), SFBT is built on the assumption that clients are completely capable of living a life free of what they have defined problematic (Corcoran, 2005; de Shazer et al., 1986). The therapist's job is to bring this awareness to the clients by exploring past or present exceptions to the problem and connecting them as a viable option for the future (Corcoran, 2005).

Solution-Focused Brief Therapy practitioners claim to highlight clients' strengths, resources, and resiliencies (Trepper, Dolan, McCollum, & Nelson, 2006). This implies both therapists and clients mutually determine goals since solution-focused therapists believe that clients are already displaying behaviors congruent with the desired solution (de Shazer, 1991). This model was particularly appropriate for this study as it was developed from exploring therapists' actions before they "declared the problem solved" (Hoyt & Berg, 1998, p.203). The process of SFBT is usually undertaken through the use of various questions and techniques and is presented by De Jong and Berg (2012) as a 5-stage model. These stages are: (a) describing the problem, (b) developing well-formed goals, (c) exploring exceptions, (d) end-of-session feedback, and (e) evaluating progress.

Throughout these stages therapists may use solution-focused questions, such as the miracle question, coping, and scaling questions (Bavelas et al., 2013).

Describing the problem. Describing the problem does not imply that it be explored, explained, or examined; rather, it is intended by the developers of the model as a stage of SFBT in which there is only enough detail obtained for the solution to be co-constructed between the therapist and client (de Shazer et al., 1986). It is Solution-Focused Brief therapists' belief that the solution need not be related to the problem (Bavelas et al., 2013). However, the constructed solution must fit the client's experience (de Shazer et al., 1986).

Developing well-formed goals. SFBT therapists recognize solutions to be a description of life without the problem (De Jong & Berg, 2012). Further, SFBT as a model "is seen as a mutual endeavor involving therapist and clients together constructing a mutually agreed upon goal" (de Shazer, 1991, p.57). This description is expanded, detailed, and defined through the development of well-formed goals by describing what would be different (Thomas & Nelson, 2007). Goals should be realistic, achievable, concrete, inclusive of, and important to all clients in the room (Thomas & Nelson, 2007).

Exploring exceptions. This type of question is noticeably similar to NT's practice of highlighting unique outcomes. In SFBT, exceptions are defined as moments in time when the problem was not a problem or was less of a problem (De Jong & Berg, 2012). The therapist assumes the clients to have agency in these exceptions (Thomas & Nelson, 2007) and may ask, "Who did what to make the exceptions happen?" (De Jong & Berg, 2007, p. 18). Exceptions can be explored through the use of various SFBT questions, such as, "Has there ever been a situation when you thought that you might be

anxious, but you were not?” To continue exploring the exception, the therapist may ask, “What do you think contributed to you not getting anxious; what was happening right before you did not get anxious?”

Coping questions. In SFBT, coping questions are designed to allow the therapist to bring out and highlight clients’ strengths that might have gone unnoticed (De Jong & Berg, 2012). In the midst of the problem description, the clients are afforded the opportunity to explore how they have not been overtaken by the problem and have coped and survived (Dolan & Nelson, 2007). This type of question is claimed to be a dialogical display of the therapist’s solution-focused tone in regards to the clients’ situation and highlights the clients’ sense of self-efficacy (Dolan & Nelson, 2007). The therapist may ask, “How is it that you are able to make it through the day at work and remain productive even when you are experiencing depression?”

The miracle question. The miracle question is perhaps the most well-known technique of SFBT (Thomas & Nelson, 2007). Through it, therapists attempt to help clients visualize themselves outside of the problematic “reality,” and in a version of their desired future they create expectations for change (Bidwell, 2007). The question elicits both behavioral and experiential descriptions of the client’s goals (Thomas & Nelson, 2007). The more detailed the description of the client’s miracle, the more opportunities are said to become available for discovering exceptions, uncovering the client’s resources/strengths, as well as probing the client to develop well-formed goals (Thomas & Nelson, 2007). An example of the miracle questions is, “Imagine that tomorrow you wake up, and a miracle has happened. This miracle is that your problem is no longer a problem; since it happened in your sleep you would not know that the miracle happened.

What would be the first thing you notice that would let you know that something is different?” Theoretically, this question would initiate a conversation about what the client imagines life to be like without the problem.

End-of-session feedback. The feedback formulated by the therapist and/or team of therapists should include compliments and some suggestions and should be delivered at the culmination of every solution-building conversation (De Jong & Berg, 2012). SFBT developers indicated that the therapist should place emphasis on clients’ current and past actions that have supported their desired reality; exceptions and goals are highlighted (De Jong & Berg, 2012).

Evaluating progress. SFBT’s future orientation (Bavelas et al., 2013) prompts the therapists to continuously evaluate the progress the clients have made (De Jong & Berg, 2012). This is usually done through the use of *scaling questions*. Clients are encouraged by the therapist to rate their current experience on scales (De Jong & Berg, 2012). Although scales are numerical, SFBT theorists claim that this is not a quantitative technique. Rather it said to be a sequence of questions that should allow both the therapist and client to construct the meaning of the client’s numerical responses (Bavelas et al., 2013; Bidwell, 2007). The clients are asked to gauge both their progress and their ability for coping (De Jong & Berg, 2012). The therapist might ask, “On a scale of 1 to 10, in which 10 is the most hopeful, how hopeful are you that you can succeed?” Once the therapist obtains a numerical value from the client, the therapist should proceed by asking the client to define what prompted the selection of that number and what needs to happen in order for the number to move up on the scale. Ideally, the client should respond in behavioral descriptions, or the therapist should elicit such descriptions.

Solution-Focused Brief Therapy with Couples

In an early writing concerning couples therapy, de Shazer and Berg (1985) explain their belief that therapy with couples is no different than that with families or individuals. They argue that SFBT therapists adopt a systemic stance, meaning that change in one part of the system will produce change within the entire system, making it unnecessary to distinguish between modalities (de Shazer & Berg, 1985). However, in a contradictory statement, de Shazer and Berg (1985) expressed that in couples therapy both partners are usually of the same generation and working on a specific romantic relationship and that this could be considered the only difference between family and couples SFBT. Despite this declaration of consistency, their statements indicate a clear conceptual gap. Regardless, many have written and researched solution-focused couples therapy to various degrees and in a variety of ways. The benefits of SFBT couples therapy have been found to be its time effectiveness, future orientation, and collaborative stance (Friedman & Lipchik, 2002).

As early as 1992, a conversational analysis of a solution-focused couples session conducted by Bill O'Hanlon was published (Gale & Newfield, 1992). By tracking the therapist's talk, these researchers identified different linguistic strategies that promote a solution-focused conversation, such as the asking of exception questions and scaling the problem (Gale & Newfield, 1992). However, the researchers made no mention of the effects of these strategies on the couple relationship, the couple alliance, or any form of therapeutic alliance.

Solution-Focused Brief Therapy for premarital therapy was also conceptualized for the development of the Couple Resources Map (Murray & Murray, 2004). This

reproducible worksheet is used with couples for the purpose of identifying resources, which they can draw on for solution building and developing skills for the future of their relationship (Murray & Murray, 2004). A myriad of other topics such as substance abuse, trauma, and intimate partner violence have been written about through the SFBT couples therapy lens (Nelson & Thomas, 2007). However, less is known about this approach when it comes to couple distress and the couple alliance. Although the literature is abundant with case studies highlighting the use of SFBT with couples, research on the actual process of therapy and therapists' actions seems limited. Froerer & Jordan (2013) preformed a microanalysis of dialogue to identify solution-building formulations by the therapist. This is useful in quantifying the amount of formulations utilized by the therapist. These researchers also classified which formulations were positive, which were negative, and which preserved the client language (Froerer & Jordan, 2013). That study is part of a series of studies (Jordan, Froerer, & Bavelas, 2013; Froerer & Jordan, 2013; Korman, Bavelas, & De Jong, 2013) concentrating on content analysis of SFBT sessions in order to explore model integrity. There was no mention of how these formulations affect the therapeutic alliance, and the cases examined are not specific to couples therapy.

Collaborative Language Therapy

Harlene Anderson and Harry Goolishian present Collaborative Language Therapy (CLT) as a philosophical stance, or way of being, rather than a model of practice (Anderson, 2007). Deeply rooted in the assumption that meaning is created, or rather co-created, through language and that language is inherently relational, the creators of this stance position both therapist and clients as peers in mutual inquiry (Levin & Carleton, 2011). Mutual inquiry refers to the brainstorming, teamwork approach, which the

theorists claimed to be essential to this therapeutic philosophy in which both therapists and clients share in the joint activity of telling, re-telling, and developing new ways of being (Anderson, 2012). The central belief in the practice of CLT is that language is transformative and that knowledge is local and socially constructed in dialogue (Anderson, 2007). In light of this, CLT theorists view therapeutic interactions as interpretative, meaning-oriented, and taking place within a system that has convened around the problem with the purpose of its dis-solution (Anderson & Goolishian, 1992). To work toward the dis-solution of the problem, and consequently the dissolution of the therapy system, collaborative therapists claim that a purposeful recognition of both the clients' and therapist's expertise is necessary (Anderson, 2012). This means that CLT therapists recognize clients as expert in their lives, their experiences, and their current and desired reality (Anderson, 2012). Clients are believed to best understand the parameters of the problems that plague them, as these problems are existent only in language and in the meaning that has been attributed to certain life events and narratives (Anderson, Goolishian, & Winderman, 1986). Collaborative language therapists, on the other hand, claim to be experts in the dialogical process that guides the therapeutic conversation (Anderson & Goolishian, 1988,1992). The collaborative language therapist tries to assist clients in thriving by using attentiveness, flexibility, and hospitality rather than by using directed interventions (Anderson, 2012; Levin & Carleton, 2011; Sutherland, Dienhart, & Turner, 2013). The originators of CLT present concepts that influence the therapist's position, instead of presenting specific techniques (Anderson & Gehart, 2007).

Transparency/being public. To be transparent the therapist claims to make internal thought processes public by verbalizing them with the intention of promoting understanding, since understanding is believed to happen only when all parties involved are responsive to each other (Anderson & Gehart, 2007). In CLT, when the therapist expresses internal thoughts, practitioners believe that the therapeutic process unfolds as a linguistic event in which ideas are crisscrossed and interchanged to develop new meanings (Anderson & Goolishian, 1992). Being public not only allows the therapist to be transparent, but it theoretically enhances the dialogical process because, “the expression of the thought organizes and reforms it; therefore, it is altered in the process of articulation” (Anderson & Gehart, 2007).

Withness. Withness refers to the way a CLT therapist aims to orient him- or herself to the clients and the clients’ problems (Anderson, 2012). In contrast to what collaborative theorists refer to as aboutness, in which the therapist approaches the conversation as monologue, withness is defined as dialogical process involving mutual inquiry and collaboration (Levin & Carleton, 2011). This process requires participants to be “spontaneously responsive to another person and unfolding events” (Anderson, 2012, p. 13), creating a communal and intimate environment. Simply put, collaborative language therapists claim to go into therapy entirely unscripted, using only what comes up in conversation and without preplanned techniques in an attempt to flatten the perceived hierarchy between the clients and the therapist. The overall assumption presented here is that because conversations and relationships are not mutually exclusive, this manner of engagement affects the therapeutic process and the therapeutic relationship simultaneously (Anderson, 2012).

Not-knowing. If transparency/being public and withness are considered by collaborative theorists as ways for the therapist to orient him- or herself to the client; then they consider not-knowing as the way the therapist orients him- or herself towards knowledge (Anderson, 2012). Anderson and Gehart claim that a not-knowing therapist stance influences the way the therapist thinks about, uses, and offers knowledge (2007). This should also differ from the pretense of ignorance or withholding knowledge to hold this position. Instead, collaborative therapists claim to offer knowledge as a contribution to the dialogue and as an alternative possibility and resource for the conversation (Anderson, 2012).

Multipartiality. Multipartiality refers to therapist's actions in "finding a way to understand and explore all perspectives without judgment or supporting one over the other (Levin & Carleton, 2011, p.318). The position of multipartiality should be inclusive of multiple perspectives coming from different people and the multiple voices that collaborative theorists believe to inhabit each person (Anderson, 2012). To practice multipartiality, the therapist claims to adopt a both/and perspective characterized by the inclusion of multiple perspectives, ideas, and theories about the problem and solutions (Anderson & Goolishian, 1988). For example, a client can be both an introvert and an extrovert with each identity statement contradicting the other. When a therapist adopts this stance, Anderson and Goolishian (1988) theorize that it eliminates the need to categorize ideas as right or wrong throughout the session.

Collaborative Language Therapy with Couples

When working with couples, CLT therapists claim to focus on the meanings that are negotiated between partners and the value that is attributed to intentions and

descriptions (Levin & Carleton, 2011). The collaborative approach affords therapists the opportunity to integrate other models of practice due to its perceived lack of intervention techniques. However, it seems to be more common in the literature for CLT ideas to be integrated into other models. Authors in research of Emotionally Focused Couples Therapy (Johnson, 2003), Feminist Couples Therapy (Skerrett, 1996), Ziegler and Hiller's (2001) *Recreating Partnerships*, and other approaches based on social learning (Stuart, 2003) and general dialogical approaches (Fishbane, 1998) all claim influences of CLT ideas. This is not surprising, as collaboration seems to be a main ingredient in systemic and postmodern therapies (Hansen, 2006). Pertaining to the couple alliance, Scheinkman and Fishbane (2004) developed the concept of the vulnerability cycle by taking a primarily collaborative stance and encouraging the display of transparency and being public of all participants, including the therapist, but they integrated both Narrative and Bowenian concepts into their research. The authors' goal was the reduction of reactivity between the couple, through the use of multipartiality, in favor of more reflective practices to dissolve impasse between the couple (Schiekman & Fishbane, 2004).

Collaborative Language Therapy with couples is not to be confused with Collaborative Couples Therapy (Wile, 2002). Although Collaborative Couples Therapy borrows its name from CLT, it is not a direct application of CLT in working with couples because the practice includes Freudian ideas, such as ego analysis (Wile, 2002). Rather, the CLT influence comes in the form of the therapist's recognition that he or she is also vulnerable to the same dialogical cycles that prove problematic to the client couple and should work toward exposing those cycles together with the client couple (Wile, 2002).

Literature on the process of CLT with couples is much more limited than its discursive counterparts mentioned above. Chenail et al. (2012) found that there is no evidence-based research or efficacy study for this philosophical stance. Rather the literature consists of case studies, literature reviews, client feedback, and therapists' self report (Chenail et al., 2012). An in-depth look at therapist action for this approach could enhance the possibility of closing this research gap by providing guidelines to set up efficacy studies.

Research Questions

The models detailed above are already being practiced in couples therapy. Whether the assumptions, techniques, and claims made by the developers and researchers of these models remain in their application to couples therapy is lacking in the literature. This question must first be answered in order to determine whether common factors exist across these models.

Across these three models certain similarities can be seen prior to analysis. For example, NT unique outcomes and SFBT exceptions appear to be grounded in the same assumption that problems are not always present in a person's life. The multiple realities that allow such different experiences to exist can be compared to CLT's multipartiality and both/and claims. In keeping with postmodernist assumptions, these models also seem to take a similar stance in their non-pathologizing assumptions. This begs the question of what similarities exist across discursive models and what elements may be unique to each of them. Given the evidence-based trend in the couples therapy field, comparisons between these models are noticeably missing. When such comparisons of techniques and model tenets are lacking, proponents of a common factors approach indicate that models

might be integrated on the basis of concepts generally recognized as common factors, such as the therapeutic alliance (Fife et al., 2014). These models have been categorized together as the meta-model of discursive therapy (Chenail et al., 2012), despite lacking clear articulation of their similarities and differences or research into how they affect the therapeutic alliance (the most prominent of common factors). This leads to the following research questions that will be considered in this dissertation:

1. Do discursive therapists' linguistic actions in couples therapy display the theoretical notions, techniques, and tenets they claim? If so or not, what effect does this have on the couple alliance, if any?
2. What commonalities and differences appear to exist between these three recognized discursive models that may or may not support a common factors approach?

CHAPTER III: METHODOLOGY

Qualitative Research Paradigm

Qualitative research focuses on the qualities of the data (Hammersley & Campbell, 2013), with the aim of acquiring an interpretative understanding of specific phenomena (Creswell, 2012). For this study the phenomenon explored is the process by which discursive therapists claim to enhance the couple alliance (therapists' actions) and the common factors among discursive models of couples therapy. Research focused on process in psychotherapy, or process research, as it is referred to, explores the performances of clients and therapists to inductively develop theories of change (Toukmanian & Rennie, 1992). Often times, this type of research can be discovery-oriented in which conclusions are made based on observed actions. However, this is not the goal of this study, given the postmodern assumptions driving the models of interest. Rather than seeking definitive and conclusive answers, the goal of this study is to construct and articulate an interpretative and illustrative understanding of discursive therapists' linguistic actions in couples therapy. In review of couples therapy research, Carr (2014) proposes the need for more qualitative process research in couples therapy as it is more congruent to clinical practice and can yield better applicable results than traditional quantitative methods of research. Rather than focusing on what is completed through the process of therapy, Carr (2014) argues that researchers should explore how things are achieved to help create a more comprehensive look at what happens in psychotherapy. Further, postmodern qualitative research employs mindfulness in a way that meaning creating dialogue is not taken for granted (Gale, 2010). By attending to moment-to-moment interactions, qualitative researchers focus not only on outcomes, but

also on the processes by which these outcomes are achieved through the quick and interactional meaning negotiations of the speakers (Gale, 2010).

I completed a comparative collective case study composed of three preliminary, exploratory, and descriptive instrumental case studies (Creswell, 2012). Adopting a case study approach for qualitative process research allowed me to extract data from three discrete systems that are bound by time and place (Creswell, 2012). Further, in choosing instrumental cases studies, I was able to approach each case with a specific focus on the couple alliance, the phenomenon of interest, for the within-case analysis (Creswell, 2012). By comparing, contrasting, and synthesizing the findings of each of the instrumental case studies in a cross-case analysis, I was able to identify themes across the cases that shed light on similarities and differences between the three discursive models (Creswell, 2012). Findings presented in Chapter IV support a discussion augmenting to the common factors trend in couples therapy literature.

Discourse Analytic Approaches

Certain methods of research, which are based on a postmodern epistemology, exist within the qualitative research paradigm. Discourse Analysis (DA) is one, which I performed through a Conversation Analysis (CA) approach. CA is a type of discourse analytic approach that focuses on talk-in-interaction (Toerien, 2014). The broader DA is described as a set of qualitative research methods grounded in the assumption that “language provides evidence of social phenomena” by Taylor (2013, p. 3), and “language-in-use is about saying, doing, and being” (Gee, 2011, p. 16). Therefore, discourse analysts look into the sequences of utterances to describe properties of language and discourse that are not readily visible at first glance (Creswell, 2012; van

Dijk, 1997). Per Gee and Handford (2012), DA “is also sometimes defined as the study of language above the level of sentence, of the way sentences combine to create meaning, coherence, and accomplish purposes” (p. 1). When used to explore naturally occurring talk, this practice is referred to as CA (Hutchby & Wooffitt, 2008; ten Haven, 2007). Consistent to its roots in the socio-linguistic tradition, the purpose of discourse analytic approaches is to link theory to the workings of the social world (Taylor, 2013) and to illustrate the transactional nature of talk (Potter, 2004). In CA, the discourse in question is one that is not created or manipulated in an experimental way, but rather explored after the talk has occurred (ten Haven, 2007). These properties of CA make it an appropriate approach for this study, as the aim is to link discursive theories of couples therapy to the enhancement of the couple alliance by using archival data not designed or manipulated for the purpose of this study. In principle, discourse analysts operate under the assumptions that discourse is action-oriented, situated, and constructed/constructive (Potter, 2004). These assumptions likened discourse analytic methods, like CA, to the postmodern assumptions of language held by the three discursive models discussed in the previous chapter, making it an appropriate choice of methodology. To better operationalize CA for the purpose of this study, I will go into more detail about these assumptions.

The assumption that discourse is action-oriented posits that discourse is organized to produce certain practices (Potter, 2004). The emphasis of this assumption is on “what discourse is doing” (Potter, 2004), and it allows conversation analysts to pragmatically categorize the institutional arrangements of talk or turns in talk (ten Have, 2007). For example, an utterance may be placed under the category of greeting. Talk is organized

based on its qualities, meaning that discourse and language are neither transparent nor value-free (Cheek, 2004); utterances are motivated by and inspire action in both listeners and speakers (Starks & Trinidad, 2007). By exploring these linguistic actions and transactions I was able to interpret the influence and outcome of therapists' talk on the couple alliance.

Discourse is also situated. In other words, discourse is situational and interactional (Potter, 2004). Discourse is rhetorical, meaning it is embedded in the context of situations, but it is organized by the rhetorical nature of interactions and can be used to advance or block the agenda of the speakers (Gale, 2010; Potter, 2004). This assumption helps conversation analysts on two levels. It allows the analysts to develop a contextual understanding and to map the sequential organization of the talk (Creswell, 2012; Potter, 2004; ten Haven, 2007).

The last important assumption is that discourse is constructed and constructive (Potter, 2012). Discourse is indicative of our own philosophical and epistemological assumptions (Cheek, 2004). The lexical choices we make not only consist of our choice of words, but also which versions of our experiences are constructed and stabilized (Potter, 2004). The role of the conversation analyst is to examine in which ways language is employed to achieve a desired outcome (Starks & Trinidad, 2007), or to talk institutions or ideas into being (ten Haven, 2007). This assumption influences not only how conversation analysts look at their data, but also in which way they proceed in the analysis and reporting of findings, which is also influenced by the choices made in discourse.

Seven tasks of discourse. This last assumption fairly sums up what Gee (2011) argues to be the seven building tasks of discourse. Discourse serves to build: (a) significance, (b) practices or activities, (c) identities, (d) relationships, (e) politics, or the distribution of social goods, (f) connections, and (g) sign systems and knowledge (Gee, 2011). Taken together, these seven tasks comprehensively describe how language guides experiences, as well as our perceptions of those experiences. I maintained awareness of these seven tasks in completing this study but paid closer attention to the tasks of practices, relationships, and connections. These are listed in Table 1 along with the analytic questions they arise, as suggested by Gee (2011), and the relevant application in attending to my research questions.

Table 1

Conversation Analysis Questions

Building task	Discourse analytic question	Application
Practices	“What practice (activity) or practices (activities) is this piece of language being used to enact?” (Gee, 2011, p.18)	Therapist’s Linguistic Actions
Relationships	“What sort of relationship or relationships is this piece of language seeking to enact with others (present or not)?” (Gee, 2011, p.19)	Couple Alliance
Connections	“How does this piece of language connect or disconnect things; how does it make one thing relevant or irrelevant to the other?” (Gee, 2011, p.19)	Therapist’s Actions Related to the Couple Alliance

Note. These questions were used to inform the coding method. Subsequent codes produced by answering these questions are displayed in Table 4.

Conversation Analysis (CA). The above discussion describes CA in the context of being an approach of DA. It is indeed one of many ways in which different approaches

of DA are used to explore different aspects of discourse (Cunliffe, 2008). For example, Critical Discourse Analysis focuses on the critical exploration of socio-political agendas of talk, while Narrative Analysis focuses on the content and structure of the narratives people tell concerning their experiences (Wilig, 2014). I chose CA as the applied approach of DA due to its focus on micro-level processes associated with “creating and maintaining the social world that speakers inhabit” (Willig, 2014, p. 342). By focusing on naturally occurring talk, CA provides a more local view of the talk-in-interaction. Rather than seeing conversations as an exchange of pre-existing meanings, they are understood to be the performances of social actions (Toerien, 2014). Adopting a CA approach allowed me to produce an interpretation of not only what the talk seems to be doing, but also what appears to be done through the talk (Toerien, 2014), with the aim of illustrating what types of relationships are stabilized by the therapists’ linguistic actions. The general design of CA that I adopted is similar to that proposed by Hutchby and Wooffitt (2008). I began with a consistent and systematic transcription of the recordings, followed by the building of collections of instances, which I then coded (Hutchby & Wooffitt, 2008). These codes served in identifying patterns and sequences of interactional tasks of the talk and how participants orient themselves to these (Hutchby & Wooffitt, 2008). The phenomena in question are the sequences of talk pertaining to the couple alliance as uttered by the therapists (linguistic actions).

Data Sources and Data Collection

As mentioned above, this study is made up of three exploratory and descriptive instrumental case studies, then synthesized in one collective and comparative case study (Creswell, 2012). I used archival data in the form of training videos specific to each of

the discursive models of couples therapy. I performed an Internet search for couple cases recordings through the Broward County and Nova Southeastern University library systems, the Solution-Focused Brief Therapy Association's resources webpage, Harlene Anderson's webpage (as there is not an association page for CLT), and the official webpage of the Dulwich Center (NT's home-base center). I also conducted a general search through Google.com and Google.Scholar.com in case certain resources were not included in the above webpages. The search rendered five NT couple cases (one using narrative mediation), five SFBT couple cases (one using solution-oriented methods), and only two CLT couple cases.

Inclusion Criteria. Based on the results of the data search, selection of the training tapes that were analyzed was based on the following inclusion criteria:

1. The video presents conjoint couples therapy with one couple.
2. A recognized expert or developer of each respective model conducted the couples therapy session or consultation.
3. The case must focus on the couple relationship.
4. The video recording must be commercially available.

Videos that were not selected for this study are those in which therapy is focused on issues differing from couple distress, although therapy was with a couple (e.g., substance abuse, chronic illness), and those in which therapy is conducted by a therapist who is not recognized as one of the originators of the model in practice. One SFBT case was excluded because I previously used it to conduct the pilot study. Also, I selected a two-session case for SFBT in contrast to the other one-session cases for NT and CLT, as it best fulfilled the inclusion criteria. In an attempt to mitigate for this qualitative difference

among cases, only the first session of the SFBT case was used for analysis. The above inclusion criteria produced the following selection of cases displayed in Table 2.

Table 2
Video Recording Data Sources

Model of Practice	Title	Therapist	Distributor, Year	Synopsis
Narrative Therapy	Michael White, The Best of Friends	Michael White (Commentary by Davie Epston & Jennifer Andrews)	Master's Works Productions, 2007	Michael White interviews Ken and Shannon, who are near the end of couples therapy. Issues about cultural beliefs and gender roles are addressed.
Solution-Focused Brief Therapy	Together in the Middle of the Bed	Steve de Shazer (Commentary by Steve de Shazer & Insoo Kim Berg)	Solution-Focused Brief Therapy Association, 2008	Two brief therapy sessions conducted by Steve de Shazer with a couple on the verge of breaking up.
Collaborative Language Therapy	Separateness and Togetherness: A Family's Dilemma	Harlene Anderson (Commentary by Harlene Anderson)	Master's Work Productions, 1997	Harlene Anderson converses with a couple about their shared dream and current concern about future directions.

Note. Video synopsis is shown as described by the video recording's distribution company.

Ethical concerns. The use of archival data greatly reduces the risk of different ethical concerns often present in social science and psychotherapy research. This study was of virtually no risk since the data came from pre-published and commercially available video recordings. These video recordings are easily accessible for purchase

from their respective distribution companies or for rent through Nova Southeastern University's library system. Choosing the convenience sampling technique is a limitation of this study. However, selecting these recordings mitigates the effects of limited time and monetary resources (Suri, 2011). Despite this limitation, for CA convenience sampling is common due to a focus on phenomena that have not yet been fully understood (Clayman & Gill, 2013). The selected cases for both NT and CLT depict actual cases and actual clients living the presented problem with commentary added by the therapist (J. Andrews, personal communication, June 9, 2015). No pre-published case of similar parameters exists for SFBT; the case I selected is a reconstruction of therapeutic sessions (L. Taylor, personal communication, June 11, 2015). A case reconstruction means that the themes and concepts demonstrated are scripted while the therapist and actors portraying the clients improvise the dialogue (L. Taylor, personal communication, June 11, 2015). This qualitative difference between the cases is also a limitation of this study. This dissertation is intended to be exploratory; given that no SFBT unscripted case was available for use without raising the risks for breach in confidentiality, I made the informed decision to continue with these three selected cases. Due to the use of actors in one video and all the video recordings being commercially available, no consent form was necessary. The production companies and distributors of the video recordings indicated no breach in copyright laws in using these recordings for research purposes (J. Andrews, personal communication, June 9, 2015; L. Taylor, personal communication, June 11, 2015). However, a proposal for this study was submitted to and approved by Nova Southeastern University's Institutional Review Board

(IRB). No changes or modifications were required by the IRB before the study was carried out.

Data Analysis

Transcription. The data for this dissertation was the discursive sequences between the therapists and couples. As such, the first step of data analysis was to transcribe the video recordings to written text (Hutchby & Wooffitt, 2008). Taylor (2013) describes that “in its simplest form, transcription is the process of converting talk to written language by writing down what is said” (p. 63). Conversation analysts often transcribe digitized materials in order to facilitate searching for instances reflecting the phenomena of interest and/or to develop thematic categories in organizing the data (Hutchby & Wooffitt, 2008; Potter, 2012). I chose not to employ the use of a transcription service, as is sometimes common, in order to better familiarize myself with the data through the process of transcription (Taylor, 2013). The transcription process is in itself constructive, as the researcher must choose what is and is not to be included in the transcripts (Clayman & Gill, 2013; Hammersley, 2010). With this in mind, I transcribed each video recording verbatim, with the inclusion of introductory and summarizing commentary. The purpose of including the commentary was to gain insight into the intentionality behind the talk from the perspective of the makers of and participants in the video. Hutchby and Wooffitt (2008) also suggest that turn-taking, overlaps, gaps, pauses, breathiness, and laughter are included in the written product of the transcription process. Including these elements in the transcripts allowed me to perceive which speakers guided the directionality of the talk and how interruptions affected the content and context of the talk. Additionally, Hutchby and Woffitt’s (2008) transcription

conventions follow the notations and symbol system developed by Gail Jefferson, shown in Table 3.

Table 3

<i>Transcription Conventions</i>	
Symbol	Description and Meaning
(0.5)	Number in brackets indicates a time gap in tenths of a second.
(.)	A dot enclosed in brackets indicated a pause in the talk of less than two-tenths of a second.
=	'Equals' sign indicates 'latching' between utterances.
[]	Square brackets between adjacent lines of concurrent speech indicate the onset and end of a spate of overlapping talk.
(())	A description enclosed in a double bracket indicates non-verbal activity.
-	A dash indicates the sharp cut-off of the prior sound and word.
:	Colons indicate that the speaker has stretched the preceding sound or letter.
((inaudible))	Indicates speech that is difficult to make out. Details may also be given with regards to the nature of this speech (e.g. shouting).
.	A full stop indicates a rising inflection. It does not necessarily indicate the end of a sentence.
?	A question mark indicates rising inflection. It does not necessarily indicate a question.
↑↓	Pointed arrows indicate a marked falling or rising in intonational shift. They are placed immediately before the onset of the shift.
<u>Under</u>	Underlined fragments indicate speaker emphasis.
CAPITALS	Words in capitals mark a section of speech noticeably louder than that surrounding it.
◦ ◦	Degree signs are used to indicate that the talk they encompass is spoken noticeably quieter than the surrounding talk.
< >	'Less than' and 'More than' signs indicate that the talk they encompass was produced noticeably slower than the surrounding talk.
(.h)	Indicated exhaling, length of exhale depicted by number of h.
(h)	Indicated inhaling, length of inhale depicted by number of h.

The transcription process was completed with the use of an Apple MacBook Pro equipped with Microsoft Word for Mac 2011. I chose this program due to its simplicity

of use and its Track Changes and Add Comment features. These features assisted me in memoing and coding the data.

Memoing. In CA noticing is one of the first steps of data analysis after transcription (Clayman & Gill, 2013); memos allow for what is noticed to be documented. Memos are short phrases, concepts, and ideas written by the researchers as they familiarize themselves with the transcripts (Creswell, 2012). As stated above, memoing was accomplished with the use of the Track Changes and Add Comment features of Microsoft Word for Mac 2011. These features allowed me to make notations to the transcript. The content of the memos consisted of my initial reactions and impressions of the talk in regards to meaning, perceived intention, and connections to and within the talk (Starks & Trinidad, 2007). Keeping memos facilitated the coding process.

Coding and building collections. In CA, coding goes hand in hand with memoing; it is considered an ongoing process within the analysis rather than a discrete stage of the research process (Potter, 2004). The purpose of coding is to describe, classify, and interpret the data in order to develop a thematic understanding of what the discourse seems to be doing (Creswell, 2012); ten Haven (2007) suggests that this analytic strategy serves to organize practice/action patterns in the talk within the context of the phenomena of interest. Hutchby and Wooffitt (2008) refer to this process as building collections or sequences and instances as related to the phenomena of interest. Coding persisted up to the point of reporting and writing up findings (Potter, 2004). Although certain software programs are available that may assist qualitative researchers in coding data (e.g., NVivo), I chose to forgo the use of additional software so as to remain closer to the data and analytic process. These programs are more appropriately

used with other qualitative research methods, such as grounded theory and ethnographies, in which coding is a preliminary step before analysis (Potter, 2004). Microsoft Word for Mac 2011 offered sufficient flexibility for editing and organizing codes. I performed different levels of coding as appropriate with qualitative research methods. Each stage of coding was informed by the three assumptions of discourse previously discussed.

Open coding. Open codes are broad categorizations of the data (Creswell, 2012). In this study, open codes focused on the assumption that discourse is action-oriented (Potter, 2004). Action-oriented open codes mean that data were classified by what the discourse seems to be doing (e.g., greeting, question, suggestions). These codes helped determine the thematic chronology of the talk, an important part of CA (ten Haven, 2007). Post-analysis, open codes were categorized as *inquiry*, *response*, and *statement* to facilitate the reporting of findings. Inquiry refers to utterances requesting information from one speaker by another. Responses are utterances directly or indirectly providing the information requested in a preceding Inquiry. Statements are utterances that neither require a response, nor are they responses to an inquiry.

Axial coding. Through axial coding, researchers are able to take open codes back to the data source and determine what is happening around them (Creswell, 2012). Axial coding, in this study, was guided by the assumption that discourse is situated, interactional, and contextual (Potter, 2004). Therefore, if through open coding I established what the discourse seems to be doing, through axial coding I established how the discourse is doing what it seems to be doing. This was achieved by analyzing what comes before and after an utterance and helped in contextualizing that piece of the talk (Creswell, 2012). Axial codes for inquiry could be of two qualities, either *self-referential*

or *other/partner-referential*. Responses were categorized into four axial codes, which illustrate the purpose of the response. A response could either be a *direct response*, such as “yes,” “no,” or other utterances that simply provide the information requested by an immediately preceding inquiry. A response could also be one of *requiring clarification* on the previous utterance, such as, “Can you say more about that?” Another type of response is a *prompt/cue*. This type of response is a sound, word, or sentence uttered by a speaker, usually embedded within another speaker’s turn. A prompt/cue signals the speaker to continue his or her line of dialogue. The last type of response is *new contribution*, which often followed directly after a prompt/cue response. This type of response is a volunteered piece of information, which could be prompted by the therapist or is self-initiated by the responder and goes above and beyond providing an answer to a preceding inquiry. New contributions could be explanations or anecdotal examples, for instance. Statements were categorized into the following axial codes: *complimentary*, expressing a positive interpretation to another participant; *complementary*, when one speaker adds to another’s utterance either by completing, repeating, or augmenting details; or *summarizing*, in which previous conversational themes are brought together and made sense of by a speaker. Statements can also serve to initiate new conversational topics within the therapeutic dialogue.

In vivo coding. In vivo coding refers to the naming of codes by extracting exact words from the data (Creswell, 2012). I consider In vivo coding important in CA, based on the assumption that discourse is constructed and constructive (Potter, 2004; ten Haven, 2007). Using exact words found in the data allowed me to maintain respect for the lexical choices made by the speakers, as well as to analyze which versions of reality and

perspectives seem to be stabilized by the discourse. In vivo coding also helped in establishing a sense of coherence between the transcript and analysis within each of the cases. Which In vivo codes were adopted in organizing the findings can be seen in Table 4, which illustrates the coding summary.

Table 4

Coding Summary

Open Codes	Inquiry	Response	Statement
Axial Codes	Self Reference Partner Reference	Direct Response Requesting Clarification Prompt/Cue New Contribution	Complimentary Complementary Summarizing
	NT	SFBT	CLT
In vivo Codes	Problem Resolving Friendship Shared Worries	Response-React Cycle	Togetherness Disconnectedness Polarized Perspectives

Note. Coding summary was produced post-analysis.

Abstracting. Compared to other methods of qualitative research, discourse analytic approaches, like CA, require a greater degree of analytic abstractions (Starks & Trinidad, 2007). There is no one agreed upon way in which this step is carried out in CA (Hutchby & Wooffitt, 2008). In their presentation of how to conduct CA, Hutchby and Wooffitt (2008) indicate that analysis is complex and inferential and has to do with the mentality of the researcher. It is up to the researcher to select those pieces of discourse that are relevant in context for the argument and purpose that he or she is seeking to generate (Gee, 2011). I began abstracting from the data as early as the transcription process and continued throughout the completion of analysis and in reporting and discussing the findings.

Cross-case analysis. After conducting the three individual case studies, I conducted a cross-case analysis that facilitated interpreting differences and commonalities between the three models in regards to therapists' actions and the couple alliance. By comparing, contrasting, and synthesizing the findings of the three instrumental case studies, I developed the comparative collective case study (Creswell, 2012). By going back to the axial codes of each instrumental case study and using them as open codes, I was able to interpret similar patterns of interactions in a new collection of axial codes across cases. The axial codes produced by this second round of axial coding were: *repeated turn symmetry*, *within turn symmetry*, *contextual identity*, *system expansion*, *thematic summary*, and *linguistic mirroring*. As in the within-case analysis, the cross-case analysis took a degree of analytic abstraction. This could also be called a case comparison method, which allowed for the conditions and factors in therapeutic change to be explored and articulated (Iwakebe & Gazzola, 2014).

Quality Control

Throughout the analysis I referred back to seminal works in NT, SFBT, and CLT by the original proponents of each model. I used these works as fidelity tools in verifying that findings are consistent with the tenets, presuppositions, and processes of each discursive model of couples therapy. I also used available training manuals for the same purpose. In addition, consultative conversations with Ron Chenail, Ph.D., an expert in qualitative research methods, helped in assuring fidelity to the methodology and procedures.

Quality control in CA. Since the aim of CA is not generalizability, some argue that issues of validity and reliability, in the traditional quantitative research sense, are

irrelevant (Hammersley, 2003). Madill, Widdicombe, and Barkham (2001) suggest that there are four ways in which conversation analysts can establish validity and reliability: (a) in the presentation of findings through data extracts, (b) in reporting how participants are making sense of the interactions, (c) through deviant cases, and (d) by establishing coherence. I used data extracts in the form of transcript segments to ensure quality control; this also affords readers the opportunity to inspect the findings rather than just my conclusions on the data (Madill et al., 2001). Within each sub-heading, I presented the findings in the order in which the corresponding dialogue appears in the transcript. This type of sequential organization may better display the intentionality to the participants (Madill et al., 2001). Including segments of the transcribed commentaries when appropriate also allowed me to illustrate the thoughts of the clients about their therapeutic experience. I did not omit deviant results. Examples that did not support the claims of the three discursive models were also included in the findings. Lastly, a way to establish validity in CA is by establishing coherence. Coherence is the way in which reported findings may inform practice by generating new research opportunities and building on past research (Madill et al., 2001). Relating findings to the current couples therapy field trends of common factors and evidence-based practices serves to establish not only coherence, but also relevance, and are discussed in Chapter V.

Pilot study. I previously conducted a similar study to this one. I used microanalysis of dialogue in order to explore the actions of Insoo Kim Berg in SFBT to enhance the couple alliance. The case analyzed for this previous study was *Irreconcilable Differences* (2009). This previous study served as a pilot for the present study. Its relevance is in the conceptual development of the couple alliance. That case study has

twice been nationally presented with the hope of enhancing Solution-Focused Brief therapists' confidence in working with couples while maintaining the pragmatics of the model.

CHAPTER IV: RESEARCH FINDINGS AND DISCUSSION

Upon completion of the data analysis I selected various examples to best illustrate the findings. The findings are organized first by the research question they are answering. I have organized the information based on what claims were made by the corresponding theorist(s) to answer Research Question 1. By claims I mean the statements made by the discursive theorists and taken directly or abstracted from the literature pertaining specifically to the practice and process of couples therapy. I selected those claims that I interpreted as relating to the couple alliance. A description of each claim can be found in Chapter II. I have also included whether I labeled each claim as supported by the data or not, and also illustrative data excerpts to elaborate on why I have labeled them supported or unsupported. I have organized the findings based on the commonalities (common factors) and differences between the models that I interpreted through CA to answer Research Question 2. I have also included model examples and data excerpts for each common factor I interpreted from the data. The findings of this study are an interpretation of the data by me, the researcher; they are not factual or static. Along the way tables are used to summarize information in a more comprehensive manner.

Research Question 1: Do discursive therapists' linguistic actions in couples therapy display the theoretical notions, techniques, and tenets they claim? If so or not, what effect does this have on the couple alliance, if any?

I created, organized, and analyzed open and axial codes (see Chapter III) to enable my interpretation of conversational-interactional patterns in the dialogue of each session. These patterns helped me label whether the claims made by theorists and

practitioners of these models, when working with couples, were evident in the data through the completion of this study. Findings for each model follow below.

Narrative Therapy

The Narrative Therapy (NT) case I selected is entitled “The Best of Friends.” In it Michael White (MW) consults with Shannon (wife) and Kenny (husband), a married couple. Shannon (S(W)) and Kenny (K(H)) have been seeing a therapist, Ted, about issues in their relationship. The couple expresses that they are having difficulties agreeing on how to incorporate religion in the upbringing of their young daughter, Emily. The video documents a one-and-a-half hour consultation composed of White’s conversation with the couple, a reflecting team discussion made up of six members, including the couple’s therapist, and White’s debriefing of the reflecting team’s discussion with the couple. Reflecting teams could be considered a form of definitional ceremonies in which clients get to observe a group of participants discussing what they have heard in the therapy session. Michael White defined definitional ceremonies as ritual telling and re-telling of the clients’ preferred story (White, 2007). More information on definitional ceremonies can be found in Chapter II.

Table 5, on page 63, shows the practice claims of narrative therapists and what techniques seemed present in the transcript associated with these claims. Also displayed is whether I considered each claim as supported by the data.

Claim #1: Narrative therapists address/challenge patriarchy, power, privilege, binary gender roles, and family history. Turns 400-418 depict an instance in which White addresses the culturally accepted binary gender roles. White elaborated on

Table 5

Narrative Therapy Practice Claims and Techniques

Claims	Techniques	Status
Claim #1: Narrative therapists address/challenge patriarchy, power, privilege, binary gender roles, and family history.	Definitional ceremony/use of outsider witness Scaffolding	Supported by the data.
Claim #2: Narrative therapists challenge the dominant story of dysfunctional communication within the couples therapy field.	Highlighting unique outcomes	Unsupported by the data.
Claim #3: Narrative therapists connect to/deconstruct cultural definitions regarding couples.	Highlighting unique outcomes Scaffolding Re-membering	Supported by the data.
Claim #4: Narrative therapists provide alternate understandings of the partner outside of the problem.	Re-authoring identity Definitional ceremony/use of outsider witness	Supported by the data.

Note. Claims are labeled supported based on the data from “The Best of Friends: A Consultation with Michael White.”

how the couple has been able to surpass these expectations in order to establish a way of functioning that is more suited to their own personal style of communication and relationship desires (e.g., turn 400: “...you’ve actually in some ways managed to defy some of these traditions...”). I’ve taken these turns to represent the beginning of a line of discourse addressing gender roles, which White carried out throughout the consultation.

⁴⁰⁰MW well I guess um (.) you know that’s uh- also catches m:y attention for lots of reasons :um and uh you know (.) :um is it some ah some of it has to do with the fact that you’ve actually in some ways managed to defy some of these traditions about who you should be [as=

⁴⁰¹S(W) [um

402 MW = as as a man and woman in
 a relationship with each other and [::ah=
 403 S(W) [ah
 404 MW = ↑ I think it's gonna be very
capturing
 405 S(W) y:eah
 406 MW and it can make it really difficult for partners to accept each other and (.)
 s::o ah you know
 407 S(W) yeah
 408 MW ↓ so I-I guess that ↑ I'm always interested (.) you know to actually talk
 with couples who have managed t:o defy the traditions that can be very
 (.5) very (.) very :ah :impoverishing_ ↑ very capturing [and=
 409 S(W) [yeah
 410 MW = :and somehow
 y:ou managed to challenge some of that
 411 S(W) yeah y[eah
 412 MW [so I guess that's ↓ what caught my att:ention about it you know?
 413 S(W) yeah
 414 MW does it make sense?
 415 S(W) yeah, YEAH, yeah
 416 MW s::o
 417 S(W) well I don't know how we've
 418 MW how you've done that

In turn 400, White highlights that the couple has positioned themselves differently in relating to cultural norms than other couples do. This implication may reinforce the idea of personal agency, which is part of the scaffolding technique of NT. This point is further developed in turns 425-438, where White seems much more explicit in his pointing out that this couple is different and unique in their own way (e.g., turn 436: "...this seems like ah quite an achievement..."). This segment not only shows him challenging binary gender roles, but also the power discrepancies of male privilege and patriarchy, which narrative therapists recognize as part of traditional gender roles.

425 MW = um
 (3) ↑ because I think you know ↓ :um you're already up against a l:ot ::and
 426 S(W) yeah?
 427 MW °and° breakin' free of [that sort of=

⁴²⁸K(H) [um huh
⁴²⁹MW = tradition °you know°
⁴³⁰S(W) yes, it's (.5) an everchanging world and
⁴³¹MW yup
⁴³²S(W) yeah ↓ s:o
⁴³³MW ↑ but it's not for a lot of ↓ people I [mean=
⁴³⁴K(H) [huh
⁴³⁵S(W) [↑ n::o
⁴³⁶MW = a lot of people you know tha-
that would be :uh (.) unable to :ah (hh) rest with themselves if they said to
th::eir um ↑ particularly for women if they said to their husband ↑ look
y'know ah ↑ fix your own dinner :um y'know there are other priorities
↓ this seems like ah quite an achievement and(.) also for the m:an to be
able to respond to °that° [you=
⁴³⁷K(H) [um huh
⁴³⁸MW = know goes against in a-way ↑ men's
culture so (.hh) ↑ so- so ↑ you're an interesting couple

These segments of data could be seen as supporting the claim of challenging
binary gender roles, patriarchy, and power in this case. It could also be interpreted that by
challenging these roles, White is providing the couple an even field in which their
relationship has and can continue to develop. The partners can connect to each other in
coping with their concerns and develop a dyadic orientation to problem resolution

**Claim #2: Narrative therapists challenge the dominant story of dysfunctional
communication within couples therapy field.** In turns 188-194, Shannon explains the
couple's perceived communication problems (e.g., turn 190: "...I mean I know couples
all have trouble talking..."). White follows by allowing them to express in which ways
this has played a role in the lifetime of their relationship.

¹⁸⁸S(W) = now I'm feelin' this sort of pull ↓ to go b:ack
¹⁸⁹MW um

- 190S(W) s:o (.5) um ↓I was wondering kinda how t:o cro- ↑I mean I know couples
all have trouble talking about (.h) mon:ey y'know (h) sex and religion and
↑religion ((short laugh)) is my curr[ent ah-
- 191MW [↑is that all they have trouble talkin'
ab[out
- 192S(W) [°no they°] have trou[ble talkin' 'bout=
- 193K(H) [((laughter))
- 194S(W) =everything I guess

White steers the conversation toward pointing out that the couple has been able to overcome these types of issues in the past by highlighting the unique outcome in which the couple sorted out issues of sex and money in turns 195-203 (e.g., turn 203: "...sex and money are pretty well sorted out...").

- 195MW s-so you say that couples often conflict about ↑religion?
- 196S(W) um hu[h=
- 197MW [sex and
- 198S(W) =um hu-'n money
- 199MW money
- 200S(W) uh huh
- 201MW ::and um (.) um (.) 'k um you're saying that ah the conflict that you'd like
to talk about has to do with religion?
- 202S(W) yeah ↓[:am
- 203MW [sex and money are pretty well (.) sorted out? you're °telling me°

If White accepts this line of discourse, a possibility based on turn 191 (e.g., turn 191: "...is that all they have trouble talkin' about?"), it could be said that he potentially legitimizes "dysfunctional communication" as a source of contention between the partners, regardless of whether they have overcome it or not in the past. This could allow the "resolving communication problems" perspective to remain a viable dominant story of the couple therapy process in this particular case. In turns 334-340 the clients explain that their original therapist and his team (e.g., turn 334: "...I told Ted y'know I really

thought we could benefit from some therapy...”) have also worked from the perspective of communication problems as a major contributing factor to the couple’s dilemma (e.g., turn 338: “...the communication between us had really broken down...”).

- 334 S(W) = I think?
 and and and I said (.)↑ and I told Ted that ↓y’know I really thought that we could benefit from some therapy and then (.5) ↓ we met David and Jennifer
- 335 MW right ’k [s:o
- 336 S(W) [↑ and I- ↑ I think that th::at’s what really helped
- 337 MW right
- 338 S(W) it’s the the communication between us had really broken d:own
- 339 MW right
- 340 K(H) yeah but it wasn’t the in a (.h)↑ sexual sense ↓ it was m:ore the breakdown was causing (.5) ::a break in the friendship (.5) ↓ that we °had°

Rather than challenging the idea of dysfunctional communication, White develops Kenny’s mention of friendship into a major theme throughout the consultation (e.g., turn 368: “...in this process reclaimed your friendship...”). In turns 368-371 he again seems to imply personal agency on behalf of the couple in reclaiming the friendship that they desire.

- 368 MW so you sort of :::ah in this process reclaimed your friendship and ::ah ↑ got back into some sh:aring (.) more gener[ally
- 369 K(H) [yeah ↑ I enj:oy the person that I live with
- 370 MW r:ight ’k
- 371 S(W) YEah it’s not ↓ I’m comfortable

Though White’s approach is seemingly effective in dissipating part of the problem and connecting the partners in their fondness for each other, based on my interpretation it does not support the claim that dysfunctional communication as a dominant story in the couples therapy process is challenged.

regarding couples. Following the theme of friendship, White inquires about the couple's definitions of the role friendship plays in relationships in turns 506-516. He seems to connect to their local cultural meaning, deconstructing the origin of this idea in their lives and allowing the clients to draw connections to past generations (e.g., turn 506: "...this is part of your vision um where did it come from...").

[that's true

= ((unintelligible)) friendship?

life ↓ my mother and my fa[ther =

[they were friends

= that they been a very young age and

a friends they were

right

and in the way they dealt with problems in the way that (.) they just interacted with each other=

[um huh

= I mean ↑ it was the best of friendships.

right

68

mom and dad's relationship (e.g., turn 567: "...what-do you think she'd say if um you know I she was here...").

- ⁵⁶⁶K(H) [SO yeah ↑so there was need then to you know w::ant to say certain things to my m:other about my father and ↓her relationship ↑my mom knew that I (.) really (.) appreciated what I saw as a child ↑and I think she knows that (.) she'll even from uh time-to-time say ↑you remind me so much of your f:ather ↑to me that's a compliment ↓'cause I-I envy what °they had [so°
- ⁵⁶⁷MW [what-do you think she'd say if um (.5) you know :I ↑she was here and you were talking about ↓the work you done to reclaim your friendship °I mean° (.5) um y'know what'd you think she'd s:ay (.) she [ah=
- ⁵⁶⁸K(H) [I don't
- ⁵⁶⁹MW = °would appreciate what you're doing°
- ⁵⁷⁰K(H) oh I think my mom ↓wo-would appreciate ↑but I think she would have a (h) I don't think it'd be anything outa the ordinary to her I think it would be ↓that's what you're supposed to do
- ⁵⁷¹MW °that's what [she'd°
- ⁵⁷²S(W) [yeah
- ⁵⁷³K(H) [yeah ↑so in other words we-we've found the right thing to do

White also inquires about Shannon's grandmother, whom she spoke about being of influence in her life and relationship (e.g., turn 998: "...you talk to when you talk to your grandmother right...about ah um reclaiming your friendship").

- ⁹⁹⁶MW so it'd be real interesting talking to David and Jennifer ↑I also would be r:eally interested to be there ↑and I know that I [can't=
- ⁹⁹⁷S(W) [((chuckle))
- ⁹⁹⁸MW = you talk to ↑when you talk to your grandma [right?=
[oh yeah
- ⁹⁹⁹S(W)
- ¹⁰⁰⁰MW = about ah ::um ↑reclaiming your friendship
- ¹⁰⁰¹S(W) :::oh
- ¹⁰⁰²MW or at least ↑realizing ↓the friendship with Ken
- ¹⁰⁰³S(W) y::eah

Michael White's exploration of the couple's idea of friendship and tracking it back to the cultures of their families shows that this claim, at least on the family of origin level, is supported by the data based on my interpretation. In the pieces of data supporting Claim #1, White seems to connect and deconstruct cultural ideas on a more global level by challenging societal rules regarding couples. The partners each remember his or her original desire in finding a partner that valued friendship; this appears to have a unifying effect on the couple alliance.

Claim #4: Narrative therapists provide alternate understandings outside of the problem. Early in the session, Kenny offers a description of himself in the context of the therapy process and the couple relationship (e.g., turn 75: "...I'd just would have a blank stare I'd have no idea..."). Rather than accepting Kenny's description, which seemed problematic to Shannon, White continues the line of dialogue until a new description begins to form in turns 75-88 (e.g., turn 83: "...as a way of getting into openness and honesty...").

- ⁷⁵K(H) = yeah↑very seldom (.h) if
Shannon would come up ↓an hour bef:ore hand and say y'know ↑what are
you gonna talk about tonight? ((unintelligible)) ↓I'd just would have a
blank stare [°I'd have no idea ((laughter))
- ⁷⁶S(W) [((laughter))
- ⁷⁷MW [wow s-so it contributes t:o ::um more openness :and also t:o
honesty y[ou know=
- ⁷⁸K(H) [for me I think °yeah°
- ⁷⁹MW = yeah ok :and um yeah um (.)↑I'd like to come back
and ask a couple of questions about th[at=
- ⁸⁰K(H) [uh
- ⁸¹MW = you're saying th:at that's
something (.5) ↓that you've been able to d:o particularly since you started
coming along here t:o to these sessions?
- ⁸²K(H) um huh

- 83 MW how's how-how come, I mean (.5) ↑ is it something that 'as b:een radical to you historically as a way :of getting into openness and honesty or is it
(.) something that's b:een m:ore raising out of these meetings?
- 84 K(H) (.hhhhh) (hh) ::ah, I- (.h) it's ::um ↑ I think it comes from ju- ↑ a way I do a lot of things =
- 85 MW right
- 86 K(H) = I'm not a real wor[rier =
- 87 MW [ok
- 88 K(H) = ::ah except when it's extreme or
↑ or I have a share-shared w-worries ↓ with Shannon ° or something° =

Once this alternate description emerges in turns 113-116 (e.g., turn 113: "...so y-you thought that you'd come just with an open mind..."), White refers back to Shannon and inquires if this new description is better fitting for her in turns 117-120 (e.g., turn 118: "didn't know that we shared it- that we worried about anything tha- together").

- 112 K(H) = y'know?
just ::ah being able to p- (.hh) to ↑ nobody had ever really know wh:at I was thinking about :or if I was thinking about anything 'til of a-sudden I'd jumped right in an[d ↓ and indulge so
- 113 MW [yeah s:u um (.) so y-you thought that you'd come just with an open [mind =
- 114 K(H) [um huh]
- 115 MW = to be ready to t:alk about anything
- 116 K(H) Um h[uh
- 117 MW ['k :and-uh ↑ Shannon?
- 118 S(W) (1.5) well that's ((unintelligible)) first ↑ I didn't know that we shared it- that we worried about anything tha- ↓ together (.) uh, that's really °interesting°
- 119 MW Sorry ↓ what's interesting?
- 120 S(W) (.hh) that we share worries, I- I never knew that, ↑ I -:I d:on't know this (.5) about him that we share a worry [(h) =

In keeping with the theme of worries, White also inquires in which way Kenny's perception of Shannon has shifted in turns 905-928 (e.g., turn 905: "...you realized um what a contribution you made to um Shannon today when you disclosed the fact that you

do worry...”). Kenny explains that he has come to understand Shannon not as someone who will be burdened if he shared or expressed his worries to her, but as someone who will feel less alone in knowing that they have shared worries (e.g., turn 910: “...not realizing that perhaps her knowing that I can be affected too in similar ways...”).

- 905 MW = most interested in but ↑ I’d like to ask a couple of questions ↑ Ken did you realized um (.h) what a contribution you made to um Shannon today when you (.) um disclosed to her the fact that you do worry? ::um you have a way of coping with it (.) but ah I remember that (.h) Shannon said ↓ well it makes her feel less alone and ↑ I mean did you at the time where you’re aware of that contribution to (.) to Shannon at th- in the session here? Were you aware that its really significant contribution?
- 906 K(H) um no no I don’t think so uh ↑ that was a surprise to me
- 907 MW is it is it :um ↑ it’s something that you feel positively about? Making that contribution?
- 908 K(H) oh (.) ↑ oh sure :um (.hh) I just don’t know how t:o (.) put it in perspective as far :as being to Shannon’s benefit I’ve always felt (.h) that ↑ for me being worried (.) it’s something that I don’t want to put up onto Shan[non=
- 909 MW [yeah
- 910 K(H) = so by her not-having no idea that I’m worried about situations in our lives or what not (.hh) you know ↑ if I keep them to myself it would just take some of the pain off of her ↑ not realizing that perhaps her knowing that I can be affected too ↓ in similar [ways=
- 911 MW [right
- 912 K(H) = perhaps that would
- ↑ ::ease the burden off [her
- 913 MW [right ↑ so that’s an important ↓ realization th:en
- [to=
- 914 K(H) [yeah
- 915 MW = this :uh make a contribution to Shannon’s life [::or=
- 916 K(H) [um huh
- 917 MW = :ah break down
- the sense of aloneness [and
- 918 K(H) [::um ↑ yeah I mean I can (.) deal with some of my worries n-in perspective to where (.) I can identify th[em=

⁹¹⁹MW [right
⁹²⁰K(H) =°more° with
 Shannon (.) ↑not so much to throw the burden onto her as much as just
 lettin' her under[stand=
⁹²¹MW [right
⁹²²K(H) = ↓my point of views and [the=
⁹²³MW [right
⁹²⁴K(H) = ways that I °h:ave°
⁹²⁵MW would that be positive thing for you? um Shannon (.5) to not-not to have
 the burden put on you t:o (.h) you know ::ah :um↑hear some of these
worr[ies =
⁹²⁶S(W) [YE::AH I m:ean =
⁹²⁷MW = that would be really positive °thing°
⁹²⁸S(W) = yeah I think it-it would be ↑it would be very
 positive I guess if we could (1.5) ↓if he could talk about it I [mean

Michael White seems to provide each partner the opportunity to express in what ways they view or understand the other differently outside of the issues for which they first sought help. Based on my interpretation of the data, White also implies that this different understanding can be put to work in the future by allowing the clients to predict what would and would not be helpful (e.g., turn 928: "...yeah I think it-it would be it would be very positive I guess if we could if he could talk about it I mean"). The couple can then produce a new course of action in managing differences. This could be considered consistent with the definition of scaffolding conversation and may provide the couple with a dyadic orientation toward problem resolution. The claim that narrative therapists help partners understand each other outside of the problem seems to be supported by the data in this particular case.

Solution-Focused Brief Therapy

In the case reconstruction entitled "Together in the Middle of the Bed," Steve de Shazer (SdS) meets with Fae (wife) and Robert (husband), who are considering therapy

as a last-ditch effort to salvage their relationship. Fae (F(W)) and Robert (R(H)) complain that their constant fights are having an effect on their two children. At the start of session both partners seem unsure of whether their fifteen-year relationship can survive. This case is composed of a one-hour session followed by a brief interview of the couple, conducted by Insoo Kim Berg, in regards to their thoughts and responses to the session.

The practice claims of SFBT therapists, which are described in Chapter II, the techniques that seem associated with these claims based on my interpretation of the transcript, and whether I labeled each claim as supported or unsupported by the data are shown in Table 6.

Table 6

Solution-Focused Brief Therapy Practice Claims and Techniques

Claims	Techniques	Status
Claim # 1: SFBT with couples is future-oriented	Miracle question Scaling questions	Supported by the data.
Claim # 2: SFBT with couples is collaborative	Stance throughout	Supported by couple post-session commentary/reactions.
Claim # 3: SFBT therapists identify couple resources	Exploring exceptions End-of-session feedback	Supported by the data.
Claim # 4: SFBT therapists build couple's skills to enhance the relationship	End-of-session feedback/assignment	Supported by the data.

Note. Claims are labeled supported based on the data from "Together in the Middle of the Bed: Brief Treatment with a Couple."

Claim #1: SFBT with couples is future-oriented. Steve de Shazer seems to develop a future orientation by requesting that the couple visualizes what life will be like once the problem ceases to exist. He uses the miracle question in turn 191. The phrasing of the question and de Shazer's lexical choices could be interpreted as weaving together present, future, and past tense, with a possible purpose of guiding the couple into a future orientation. My interpretation of de Shazer's miracle question is as follows: he begins phrasing the miracle question in the present tense verb (e.g., turn 191: "...after we're through here today..."), situating the couple in the here and now. de Shazer then switches to the future tense when he requests that the couple hypothesize their reactions and responses (e.g., turn 191: "...how would you wake up tomorrow morning...").

Lastly, he suggests the possibility of this miracle as something more than just magical thinking, by implying that it has happened in the past and that the clients have gained knowledge that it has happened (e.g., turn 191: "...go about discovering that this miracle happened to you..."). Although he seems to weave together all three tenses, he seems to do so with the expectation that behavioral changes will take place. This could imply that a future orientation is maintained throughout. The clients respond accordingly and employ the future tense to convey behavioral changes, seen in turn 192 ("...he'd wake up and wish me a good day at my job...").

¹⁹¹SdS I guess I have eh (.5) str:ange ↑maybe difficult question it takes some imagination (2) ah but suppose (1.5) that after we're through here tod::ay you go do whatever you're gonna do (.hh) ::and then this evening y:ou watch TV or whatever it is you do you do the chores after dinner and all that sort of thing and then you go to bed you go to sleep (.hh) ::and ↑while you're sleeping (.) a miracle happens (.) ↑and the problems that brought you here today (.) are gone ((snaps fingers)) just like that ↑BUT this happens while you're sleeping ↓so you can't know that it's happened (3.5)

↑how would you wake up tomorrow morning (.) and go about discovering
that this miracle has happened °to you too°
192F(W) (5.5) I'm think:ing he'd wake up :and wish me a good day at my j::ob (.5)
which would be a [f:irst

I believe that de Shazer continues to maintain a future orientation throughout the session.

With the use of scaling questions, in turns 463-475, he seems to allow the clients to explore small changes by imagining what the immediate future will look like (e.g., turn 463: "...how would you know you've gone up to a six"). These hypotheses conjured by the clients in response to the therapist's questions seem to be behavioral in quality (e.g., turn 474: "...if maybe we even held hands...").

463SdS ok ↑ok well if n::ow you say that :ah ↓we have first scale (.) we talked
about you (.5) °you both are saying it's five° ↑how would you know that
you've gone up to six
464F(W) (5) I gu:ess if we left out of here and :um (.5) ↓at least didn't :argue
465SdS um huh
466F(W) for the rest of this day
467SdS ok (2.5) ok? s-just ah ↑what would you be doing instead of arguing?
468F(W) :::um maybe try:ing to continue the conversation a little [bit=
469SdS [um huh
470F(W) =↑you know
((unintelligible)) here
471SdS um huh
472F(W) :um (.1) ↑I might go home and cook
473SdS um huh ok ↑what 'bout for you
474R(H) I think it ↑would I could signs of it improving from a five to a six if (.5)
↑maybe if we even held h:ands when we walk to the car I mean
475SdS um huh um huh

By developing ideas about desired behaviors, de Shazer appears to maintain future focus on the clients' process, goals, and resources (e.g., turn 467: "...what would you be doing instead of arguing?"). Based on my analysis and interpretation of the data,

⁶⁷⁵F(W) =↑I guess I had (.) the
 concept that we would come in ::and (.hh) ↑I might think of it as he was
 always wr::ong :and (.) Steve (.) allowed me ↑to find out ((inaudible))
 too ↑that I was doing some thing wrong °t::oo°
⁶⁷⁶IKB uh huh uh h::uh
⁶⁷⁷F(W) °s::o it w::as°
⁶⁷⁸IKB s::o that w::as-↑was that helpf::ul ↓or was that not helpful
⁶⁷⁹F(W) I think it was very help[ful
⁶⁸⁰IKB [it was helpful (.) uh huh
⁶⁸¹R(H) I would agree I think that we are (.5) ↑we're a l:ong ways from the dead
end it seem that we were at at one point [seems that we=
⁶⁸²IKB [really?
⁶⁸³R(H) = we :uh ↑he gave
 us some home work assignment as well that I think would be (.)
 challenging (.) to our (.) family life at h:ome [::ah=
⁶⁸⁴IKB [yeah
⁶⁸⁵R(H) = :um ::I'm really
 more encouraged now about our marriage and (.5) about the prospects
 about saving our marriage (.) that I have been (.) in a great long while?
⁶⁸⁶IKB is that right? °huh (.) ok (.) good° ↑how 'bout for y:ou? What :uh-
⁶⁸⁷F(W) :um uh (.5)↑I'm encouraged
⁶⁸⁸IKB you encouraged (.) [wow
⁶⁸⁹F(W) [I am encouraged I'm encourage that ::um kinda
 looking forward to the toin- ↑coin toss

The clients' understanding of the session could be interpreted as a collaborative stance on
 behalf of de Shazer in working with this couple. Based on my interpretation, it could be
 seen as an illustration of the positive effect this stance had on their thoughts about the
 status of their relationship (e.g., turn 685: "...I'm really more encouraged now about our
 marriage..."). Also based on my interpretation and presentation of the data, these
 responses support the claim that SFBT with couples is collaborative.

Claim #3: Solution-Focused Brief therapists identify couple resources. Fae
 and Robert explain that they are unable to get along most of the time. However, when

they best get along is when they hardly see each other due to their work schedules (e.g., turn 145: "...I guess mostly we communicate by notes..."). Rather than considering this as a negative point for the couple, de Shazer explores if and how they manage to find times when not to fight and stay connected. In turns 145-159, he seems to highlight what might be a taken-for-granted resource that the couple has been employing for staying connected and communicating throughout their days (e.g., turn 157: "...you can keep the ship running in a way...").

- 145 R(H) ::and I will ↑maybe work third shift and she will b::e ↑of course home with the kids and when I get in she's going off and we don't see each other
↓I guess we mostly (.) communicate by no[tes=
- 146 SdS [um huh
- 147 R(H) =or pagers [what=
- 148 SdS [um huh
- 149 R(H) = where
- we need to contact °one another°[::and=
- 150 SdS [ok?
- 151 R(H) =↑that seems to be the time that (.5)
- life :is most ↑happiest
- 152 SdS ok ok (.) ↓s:o you can handle things with the pagers and notes (.5) that need to be happening when you're working these (.) different hours and not both there
- 153 R(H) well it's not normal ↑I won't say is normal by [far =
- 154 F(W) [nah
- 155 SdS [no
- 156 R(H) =but
- 157 SdS you can keep the (.) ship running in a [way
- 158 R(H) [yeah
- 159 F(W) right

When comparing turn 154 ("nah") and 155 ("no") to turns 158 ("yeah") and 159 ("right"), one might say that the clients have accepted de Shazer's suggestion that pagers and notes and how the clients have decided to use them are a resource for them to remain

connected (e.g., turn 152: "... so you can handle things with the pagers and notes that need to be happening when you're working these different hours and not both there."). de Shazer also seems to identify resources of the couple through the use of compliments. Again, he seems to highlight what might have been taken for granted in light of the problem and brings it to the forefront in turns 575-587. de Shazer also revisits the exceptions that the couple has mentioned regarding their perception on the quality of their relationship (e.g., turn 579: "...really impressed that things have gone from zero to five must mean you're doing something right...").

- ⁵⁷⁵SdS I'm (.) REALLY impressed ↓ that you both came today (.) together (.5) in spite of what :ah many couples ↑ might WELL have thought was :a hopeless situation (.5) ↑ looked pretty bleak at the time °right?°
- ⁵⁷⁶F(W) um huh
- ⁵⁷⁷SdS :::and the ↑ I'm sure it's not been :easy (2.5) ove-↑ over the y:ears that-
- ⁵⁷⁸F(W) °no it hasn't°
- ⁵⁷⁹SdS therefore we-we're r::eally impressed (.5) th:at (.) things have g:one from zer::o °to five° (3.5) must mean you're doing something right (.5) huh? (.) ↑ and you've had a glimpse at least now and then ↓ of how things can be
- ⁵⁸⁰R(H) [yeah
- ⁵⁸¹SdS [yeah ::ah ↑ the two tens that we've talked about ::um ↑ it's clear you both want the same thing (2.5) :::and you two :are °you know° I think appropriatel::y cautiously optimistic (1.5) th::at it will happen
- ⁵⁸²R(H) (.hh) I think it c:an
- ⁵⁸³SdS °yeah° there's no guarantees about it
- ⁵⁸⁴F(W) yeah b:ut
- ⁵⁸⁵SdS wha-would you say ↑ it was five and six
- ⁵⁸⁶R(H) um huh
- ⁵⁸⁷F(W) ((nods in agreement))

The no-to-yes shift (turn 578 vs. turns 584, 586) in the situational comparison of the couple's hardships could signify a move toward the dissolution of the problem. This shift in perspective coupled with the recognition of what the clients have already been

doing for their relationship unifies the clients as both working toward the preservation of the relationship and being connected in coping with concerns (e.g., turn 581: "...the two tens we've talked about um it's clear you both want the same thing..."). Based on my interpretation this segment of the transcript could be seen as providing support to the claim that SFBT therapists identify a couple's resources in this particular case.

Claim #4: Solution-Focused Brief therapists build couple's skills to enhance the relationship. In turns 588-593, the last segment of the first session dialogue, de Shazer advises the couple to perform an experiment. In commentary, de Shazer explains that his purpose for this assignment is that in the pretending, the clients will be able to enact the desired behaviors that they have discussed in the session and not just expect the new behaviors from his or her partner (e.g., turn 588: "...you're going to pretend that this miracle we talked about has happened..."). From my understanding, the implication appears to be that clients will practice their desired reality, honing their skills to live the life they desire. This suggests that the claim that SFBT therapists build skills to enhance the relationship could be seen as supported by the data based on my analysis.

⁵⁸⁸SdS s::o ↑I think that's appropriate °y::eah° you should be (.) cautious °:::um° yet optimistic ↓perhaps so it's ok (.) now (.5) think- as we're thinking about this ::ah (2.5) I (.) came up with an id:ea that ::ah about some-↑an experiment (1.5) th::at ::::ah ↑a way of perhaps helping (.) you get what you want ↑GETting to where you wanna go (.hhh)(hh) eh s:o what we would suggest as an experiment is that (.) you do this secretly °ok?° that two times (.) ::in each week between now and next time we meet (.) °we'll come back to that° (.h) ::am ↑each night before you go to bed you toss a coin ↓separately (.) ::and secretly (.) °ok?° and if it comes up h:eads (.) that m:means that the next day (.) you're going to pret:end that this miracle we talked about (.5) ↓has happened (2.5) (.h) don't (.) tell h:im ↑don't tell her that this-you got the heads and therefore you're going to be doing this ↑don't tell the- ↓keep it a s:ecret (.) °yeah° do that twice each week between now and n:ext time we meet ::ah ↑you see if you could figure out which two d::ays (.) she picked (.) you see I you can figure out

which days h::e picked (.hh) watch carefully how on the days y:ou pick
 ::ah sh-she reacts to what y:ou do ↑he reacts to what you do ↑how the
 children react (1.5) °tell me if it works maybe?° (.hh) ::and ↑keep all that
 a secret and we'll talk about it next t:ime
 589 R(H) we can do [that
 590 F(W) [yeah
 591 SdS is clear? [↑any questions about it?
 592 F(W) [yeah
 593 R(H) °no°

Collaborative Language Therapy

Harlene Anderson meets with Marty (wife) and Chad (husband), a couple with whom she has been meeting on and off for the past two years. This couple describes themselves as homesteaders. They work from home and homeschool their four children. Marty (M(W)) explains that she has been feeling absorbed into the family's life without an opportunity to explore her own individuality. The couple also reports that they have found ways to accommodate Marty's desire for some space. They have acquired a small apartment in the city where Marty can have alone time. However, they further explain that they have grown concerned that it has not been as effective as originally intended. Chad (C(H)) expresses his concern about the children in the absence of Marty. Marty believes that while she has been able to make herself physically absent, she is being constantly pulled back and not being granted the emotional independence she desires. This is reflected in the title of this case, "Separateness and Togetherness;" the case recording is composed of a forty-five-minute session immediately followed by a brief interview with the couple conducted by Harlene Anderson's colleague.

Table 7, on page 83, summarizes the practice claims of CLT therapists that were included in Chapter II. Also included in the table are the techniques that I interpreted in the transcript and how they seemed to provide examples of these claims.

Table 7

Collaborative Language Therapy Practice Claims & Techniques

Claims	Techniques	Status
Claim # 1: CLT therapists flatten the client-therapist hierarchy.	Transparency/being public Not-knowing	Supported by the data.
Claim # 2: CLT therapists flatten the client-client hierarchy.	Multipartiality (both/and perspective)	Supported by the data.
Claim # 3: CLT therapists negotiate meanings with partners	Transparency/being public Witness	Supported by the data.

Note. Claims are labeled supported based on the data from “Separateness and Togetherness: A Family’s Dilemma.”

Claim #1: CLT therapists flatten the client-therapist hierarchy. In turns 36-49, after the couple has explained their reason for attending therapy, Harlene Anderson shares her thoughts on the clients’ predicament (e.g., turn 46: “...it’s really pulling at you, and you’re trying to reassure her that you and the kids can handle it?”). In this case, unlike in the NT and SFBT cases shown above, the clients are more likely to use prompt/cue utterances (see Table 4 in Chapter III) with the same frequency as the therapist. The clients seem to encourage the therapist in continuing to develop her hypotheses (e.g., turn 41: “...right right you’re right”). Also, while Anderson offers her hypotheses, it seems as though she introduces new ideas of meaning into the dialogue that have not been previously articulated by the clients. When the clients cease to agree with her hypothesizing, Anderson inquires about their perspective (e.g., turn 49: “can you what what’s on your mind”). Based on these elements of the dialogue I interpret

Anderson's lexical choices as developing an open space where she can theorize about the clients' situation and where they are free to agree or disagree. Based on my interpretation of the data, the way in which Anderson inquires about their perspectives supports the claim of a flattened hierarchy between therapist and clients in this case.

- ³⁶HA (.hh) well I'm sitting here thinking that-that (.) :um (.h) you probably (.5) sp: end ↑ or spent more time with your children th::an ↑ a lot of mothers or a lot of fathers do because you are homeschooling your chil[dren=
- ³⁷C(H) [um huh um huh
- ³⁸M(W) [huhm huhm
- ³⁹HA = so
- you're with your children ar:ound the clock (.) ↑ it's not like they go to [sch:ool f::or four or five six hours=
- ⁴⁰M(W) [right
- ⁴¹C(H) [right right you're right
- ⁴²HA = and then with y::our (.5) ↑ I mean
- you're really ret:ired ↓ although you work occasionally on a [project =
- ⁴³C(H) [um huh
- ⁴⁴HA = so
- you- ↑ both of you are at home with the children a lot ↓ so you've [developed=
- ⁴⁵C(H) [um huh
- ⁴⁶HA = kind of a (.) a lifestyle of being with each other (.h) and (.) probably just a lot of- (2) ↑ sort of natural expectations for each other (.hh) ↓ so they're really noticing th:at and y::our really noticing that ↑ it's really pulling at y:ou ↑ and you're trying to reassure her that (.hh) you and the kids can handle :it?
- ⁴⁷M(W) [no
- ⁴⁸C(H) [no no =
- ⁴⁹HA [can you- what- °what's on your mind°

Claim #2: CLT therapists flatten the client-client hierarchy. Chad expressed strong disagreement in Marty's process concerning her connection with the couple's children in turns 135-142. He seems to refute her claim that a five-minute phone call with

the children makes her feel pulled back away from the independence she's seeking to accomplish (e.g., turn 135: "...I think it's a bit of a stretch yeah I sure do...").

- ¹³⁵C(H) [I don't think it's just a bit of a stretch to say that one five-minute phone call in the day shoots the whole damn day (.) for the work that she needs to do ↑I think that's a bit stretch yeah I sure d:o (.) [ok
↑I mean=
- ¹³⁶M(W) [and
I'm sure
- ¹³⁷C(H) =↓ not this
- ¹³⁸HA th::is?
- ¹³⁹M(W) ↑h-how could explain it to [him ((through sobs))
- ¹⁴⁰HA [the-the five minute phone c:all which from
your :end seems sort of very sharp because she's calling to say h::i and (.)
::and Marty's saying that it ends up tak::ing h:ours ↑the rest of the [d:ay
¹⁴¹C(H) [I think
it's just a bit of a stretch to say that one five minute phone call in the day
shoots the whole damn d:ay (.) for the work that she needs to do ↑I think
that's a bit of a stretch yeah I sure d:o (.5) [ok?=-

This perceived rejection of Marty's experience by Chad could position the clients in a power struggle regarding the validity of Marty's feelings. Anderson attempts to flatten the hierarchy between Marty and Chad in turns 146-155. She seems to direct or influence the dialogue, again opening space in the conversation so that Chad may be able to express that while he doesn't understand Marty's process, it is her process, no matter how different from his (e.g., turn 146: "...I'm not saying you should agree or accept her understanding;" turn 155: "...I process things and-and-and deal with these kinds of thought ok not the same way she does"). It could be said that both of the partners' perspectives are able to coexist in the therapeutic dialogue. These data segments support the claim of a flattened hierarchy between clients based on my interpretation of the data. Flattening this hierarchy may help in the development of a dyadic orientation.

- 146 HA oh OK you're say::ing (.) you were saying I don't (.5) I don't remember the exact word ↑you were saying something like ↑I don't want that this can't b::e (.h) she can't d:o this so- (1.5) what-a-what I'm not saying you should agree or accept h:er understanding h:er explanation but at some like (.) ↑whatever her reasoning ::is behind this (.) meaning th:e (.h) ↓five minute phone call turning int:o five hours of [misery and (.) pain=
- 147 C(H) [um huh?
- 148 HA = ::and
- reflec[tions =
- 149 C(H) [um huh
- 150 HA =that that's (.) ↓whatever that :is it (.) that's not something she's able to communicate to you in a way that it makes sense ↑in terms of how [come=
- 151 C(H) [um huh
- 152 M(W) = a five minute phone call could do that to her
- 153 C(H) um huh? (2.5) no- ↑it's not that I'm unsympathetic about it (.) you know I've-
- 154 HA °um huh°
- 155 C(H) I process th:ings and-and-and deal with these kinds of thought °ok?° ↑not the same way she d::oes

Claim #3: CLT therapists negotiate meanings with partners. In turns 146-155

(seen above), Anderson's utterances seem to encourage the partners to negotiate the meaning of the five-minute phone call. In turns 188-201 (following below), the meaning of fragility is negotiated. Anderson does not invalidate Chad's understanding of Marty's current state as fragile (e.g., turn 188: "she's just ah uh very fragile in her in her emotional state..."). However, she seems to provide Marty enough space to enrich the description of fragility when she interprets it as doing "heart work" or "soul work" (e.g., turn 199: "...you call it soul work and heart and you've described yourself before when you when we've talked as um being on a journey..."). Both the example above and the one below could be used to suggest that this claim is supported by the data based on my

interpretation. These examples could also be seen as displaying how Anderson manages to soften the blame between partners.

- ¹⁸⁸C(H) she's just ah-uh ↑just very fragile (.) in her in her ↑emotional state she just she just you know it doesn't take much to-to (.5) ::um (.) ↑undo whatever harmony she's you know she's she's kind of collected for herself
- ¹⁸⁹HA (3.5) ::and (.hh) is-is this I mean is this a concern or you're just saying that's just the way she ::is °::or how-°
- ¹⁹⁰C(H) :uh it (.) I- I'm ↑it's just an observation =
- ¹⁹¹HA [sure
- ¹⁹²C(H) =it's a different ↓it's a different Marty then the one that-that I'm used to (.5) you know seeing
- ¹⁹³HA °um huh°
- ¹⁹⁴M(W) (4.5) °heart work° (.) ↑I'm very much :am (.) um (.) :am ::in (1.5) that [I'm a ((unintelligible)) mess=
- ¹⁹⁵HA [uh huh °you've talked about that right°
- ¹⁹⁶M(W) = ↑I am very much :um working ah (.) with my feminine side °which is animal if I'm right ° (.hh) :and I'm ↑I'm wearing dresses ↑and I'm fixing my hair and I'm wearing makeup and I'm and I'm (.5) it-uh-ah ↑associated with heart things (.) :and :um (.5) ↑working from this point in fact I've (.) uh (.) ↑cut off work that isn't (.) that is that is (.) and I ↑what he sees me :as is this woman who can ↓run the household take care of the kids who can (.) say ↑do this do that you know which (.) is (.) my anim-animus ↓and I can do that (.5) it's have that tucked away someplace ↓and the other it's what's coming out (.5) and I'm really ::ah (1.5) trying to be ↓wherever I am with it (.5) °sitting and reading [poetry=
- ¹⁹⁷HA [um huh
- ¹⁹⁸M(W) = and and (1.5) lot's of different things° s::oul w[ork
- ¹⁹⁹HA [you call it soul work and heart and you've described yourself before when you ↓when we've talked as :um (.h) ↑being on a journey ↓tha-that you're on a journey sort of a self-exploring (.5) journey
- ²⁰⁰M(W) (3.5) °um huh° journey to wholeness ↑tha-that's [the=
- ²⁰¹HA [journey to wholeness?

Research Question 2: What commonalities and differences appear to exist between these three recognized discursive models that may or may not support a common factors approach?

I was able to develop, articulate, and name four commonalities across the three discursive models of couples therapy that seem to affect the couple alliance. I named the following commonalities by using CA and abstracting the content of the therapy sessions through several rounds of coding. The rounds of coding allowed me to form patterns within the talk of both the therapists and clients. These commonalities or common factors are based on my personal organization and interpretation of the data. Like the findings for Research Question 1, these findings are interpretative and fluid, meaning they could change based on the reader's interpretation of the data. I focused on the general processes and dialogue structure that I understood as enhancing the couple alliance subsystem. I did not include similarities in specific techniques and model tenets in this study. The four common factors that I constructed are as follows: (a) developing a symmetrical structure of the therapeutic dialogue, (b) developing a contextual understanding of the self and of the partner, (c) expanding changes or the possibility of change to the larger system beyond the couple, and (d) using thematic summaries. The common factor of developing a symmetrical structure of the dialogue differs from the remaining three common factors in that it is a process common factor. Developing a symmetrical structure of the dialogue speaks to the structural organization of the process by which the therapists carry out couples therapy. The remaining common factors pertain to the organization of session content by the therapists. Given model-specific theoretical tenets, I abstracted some of these common factors as being carried out in slightly different ways within each model.

In Table 8 I provide a summary of the common factors that I interpreted through the collective case study, the procedures of which I defined in Chapter III. Table 8 also includes what processes or techniques seemed to be employed by the therapist to achieve these within each model, based on my organization of the data.

Table 8

Commonalities in Couple Therapy Practices Across Discursive Models

	Symmetrical Structure of Dialogue	Contextual Understanding of Self and Partner	Expanding Changes to the Larger System	Using Thematic Summaries
Narrative Therapy	Within turns and through repeated turns	Through identity statements of self and other	Through the use of re-membering	Reinforcing new understanding of self and partner
Solution-Focused Brief Therapy	Within turns and through repeated turns	Through alternate understanding of behaviors of self and other (response-react cycle)	Gauging others' perspectives of other in couple's prominent domains	Complimenting couple as a unit and summarizing common goals
Collaborative Language Therapy	Within turns and through repeated turns	In the relationship between polarized perspectives	Hypothesizing others' beliefs about couple's dilemma	Hypothesizing and negotiating meanings

Note. These common factors are directly derived from the three cases above using Narrative Therapy, Solution-Focused Brief Therapy, or Collaborative Language Therapy.

Symmetrical structure of the dialogue

The first construct I developed through examining the patterns I abstracted from the therapeutic dialogue, using both open and axial codes, is the symmetrical structure of the dialogue in discursive couples therapy. Within all three models, I interpreted the

Symmetry in NT. From the very start of the session Michael White seems to develop a pattern of symmetry for the dialogue. As no content has been discussed yet, he uses symmetry through repeated turns to establish this pattern in beginning his conversation with the clients. In turns 1-5 he addresses Shannon.

Subsequently in turns 6-9 he uses a qualitatively identical question in addressing Kenny.

At this stage, White seems to be developing parallel lines of discourse.

Once he begins to develop the dialogue in the session, in both content and context, he uses symmetry within turns to develop the dialogue with both Kenny and Shannon in a

symmetrical manner. What I am calling *within turn* symmetry are the moments in which I interpreted that the lines of discourse no longer remain parallel but rather intersect, creating points of connections between the partners (e.g., turn 939: "...affect how you talk with each other about the spirituality..."). Nearing the end of the session, in turn 939, White addresses both partners in what I believe to be a concise and simultaneous manner.

Symmetry in SFBT. As in NT, in SFBT, symmetry begins early in the session with repeated turns. Steve de Shazer begins the session similar to Michael White, asking a question that does not really have to do with the session subject matter but which later proves relevant. This style of questioning highlights the way symmetry may be developed very early in the session. He asks about job satisfaction and ensures that he asks both partners. In turns 97-104 he asks Fae about her work (e.g., turn 97: “wha-what sort of thing do you do for a living?”), but then asks Robert whether he thinks Fae likes this job or not (e.g., turn 103: “...does she like this job?”).

- ¹⁰³SdS ten years (1.5) ↑does she like this job
¹⁰⁴R(H) she seems to like it :um ↑she often comes home t:alking about it night :um
 ↓sharing some of the daily experiences with me

In turns 117-122 he asks Robert about his job (e.g., turn 117: "...so what do you what about you"), and asks Fae whether he likes this job or not (e.g., turn 121: "...does he like this job?").

- ¹¹⁷SdS [::oh ↓well that could be too °yeah° (.h) never know uh (1.5)
 ::ok um ↑so what do yo- what about you
¹¹⁸R(H) I'm a m:aintenance engineer (.) ↓at one of the local colleges
¹¹⁹SdS uh huh (.) and how- ↑for how long?
¹²⁰R(H) :uh I've been d:oiing you know this type of work now f:or about four
 ye[ars
¹²¹SdS [°four years° o::k (.5) does he like this job?
¹²²F(W) I really don't know whether he likes it or not

Unlike in NT, in SFBT, de Shazer seems to start weaving together the parallel lines of discourse right away by inquiring about each partner's perspective about the other's job satisfaction. He continues on in the same symmetrical pattern, asking questions about the couple's goals, eliciting descriptions of the miracle from both partners, and scaling problems and hope with the use of repeated turns. In turn 597 de Shazer prescribes a homework assignment for the couple and concludes the session in a within turn symmetrical contribution. Like the therapist in the NT case, I interpreted this lexical move as one in which de Shazer concisely and simultaneously addresses both partners. de Shazer prescribes the same assignment to each partner, personalizing the explanation for each one within the turn. Based on my articulation of this process, what makes this turn even more symmetrical than the one discussed in the NT case is the nature of the assignment in which the task for each partner necessarily includes the other.

⁵⁸⁸SdS

s::o ↑I think that's appropriate °y::eah° you should be (.) cautious °::um° yet optimistic ↓perhaps so it's ok (.) now (.5) think- as we're thinking about this ::ah (2.5) I (.) came up with an id:ea that ::ah about some-↑an experiment (1.5) th::at ::ah ↑a way of perhaps helping (.) you get what you want ↑GETting to where you wanna go (.hhh)(hh) eh s:o what we would suggest as an experiment is that (.) you do this secretly °ok?° that two times (.) ::in each week between now and next time we meet (.) °we'll come back to that° (.h) ::am ↑each night before you go to bet you toss a coin ↓separately (.) ::and secretly (.) °ok?° and if it comes up heads (.) that m:means that the next day (.) you're going to pret:end that this miracle we talked about (.5) ↓has happened (2.5) (.h) don't (.) tell h:im ↑don't tell her that this-you got the heads and therefore you're going to be doing this ↑don't tell the- ↓keep it a secret (.) °yeah° do that twice each week between now and n:ext time we meet ::ah ↑you see if you could figure out which two d:ays (.) she picked (.) you see I you can figure out which days h::e picked (.hh) watch carefully how on the days y:ou pick ::ah sh-she reacts to what y:ou do ↑he reacts to what you do ↑how the children react (1.5) °tell me if it works maybe?° (.hh) ::and ↑keep all that a secret and we'll talk about it next t:ime

Symmetry in CLT. Harlene Anderson structures the session in a symmetrical way with the use of repeated turns similar to the two examples above. Also like the others, this pattern of repetition begins early on in the session with the first questions. In turns 1-5 Anderson begins the session asking the couple's reason for returning, Marty takes the opportunity to answer first.

- ¹HA I'd be curious to h:ear what you would (.) ↑s::ay was the reason that y::ou ↓sought consultat:ion in the first place ab:out (.) two years ago ::and ↑has that changed any wh::ere where it is n:ow ↑like if you were c:oming for the first time °today° ↓what would be (.hh) the reason you were coming?
²M(W) if I was coming tod[:ay=
³HA [y::eah
⁴M(W) = not back two y:ears [ag:o
⁵HA [yeah ↑well about it's a long convoluted question [°but um sorry-°

Having received an answer from Marty, Anderson inquires about Chad's thoughts on why they have returned to therapy in turns 11-17 (e.g., turn 17: "...well what about you Chad how would you describe um what we can call then and now"). This pattern of symmetry seems to continue throughout the session.

- ¹¹HA in :over the two years we've met sometimes on a weekly basis and
sometime we haven't see each other f::or [seems like several=
¹²C(H) [months=
¹³HA = months ye::ah
¹⁴C(H) =like four or five
months (.hhh) one stretch
¹⁵HA on stretch so it's b::een :uh (1.5) ↑that we meet whenever it is th:at (.)
y::ou ↑or the two of you f:eel (.5) ↓°we should°
¹⁶C(H) um huh
¹⁷HA kind-a take one appointment at a t:ime ↑WELL WHAT about you Ch:ad
↓how would you descr::ibe :um (.) what we can call then and n:ow

In turns 207-211, I interpreted Anderson's use of a within turn symmetry in which she seems to address both partners simultaneously while also validating each partner's position (e.g., turn 211: "...yeah tha-that in a way it seems even more like you're each in in so many different places with all of this"). This is where the parallel lines of discourse may be interpreted as intersecting.

- ²⁰⁷HA the integration ↑wha-I'm thinking that in terms :of :ah ↑some of the things
you're exploring and some of the ways that you're being that-that ↑all of
those people that are intimately connected to you ↓in terms of your
immediate family and your close network of friends are like just j::arred
[(.5) :ah=
²⁰⁸M(W) [↑oh
²⁰⁹HA = because you're ↑you're so different than they're used t::o and
then ↑Chad I think with y::ou is that it-it -it's like (.hh) y:ou're on one
hand trying to be very supportive and understanding of it but then on the
other h:and it sort of confirms this also use this thing of a loose cannon
moment (.) shook your head is that the phrase?

- ²¹⁰C(H) [um huh
²¹¹HA [yeah tha-that in a way it seems even more like (2.5) ↓you're each in(.) in
so many different places with all of this

Contextual understanding of self and partner

The second construct I developed is the contextual understanding of self and partner. Across the models, the three therapists appear to capitalize on developing what looks like an alternate understanding of self in each one of the partners they are working with. I coded therapists' inquiries and clients' responses and statements through axial coding. These seemed to be of two qualities, of self-reference or partner-reference. Therapists seemed to inquire not only about each partner, but also on each partner's ideas and interpretations of the other. What this construct appears to do is soften the blame between partners as each begins to understand the other's behaviors, explanations, and intentions as inextricably related to their own behaviors, explanations, and intentions.

NT contextual understanding of meaning. In NT, Michael White addresses each partner's understanding of the other. He seems to work to develop a characteristic and/or value that seems significant to both partners. Once he manages to do so, he weaves together both partners' understanding and meaning for this characteristic or value. In turns 486-499, White explores how an alternate understanding of Shannon provided by Kenny (e.g., turn 486: "...what's it like to know that to hear this from Ken...") could not only help him understand her in a new light, but it may help Shannon understand herself in a new light (e.g., turn 487: "...I never knew that he saw me as a friend?"). I believe that this allows the couple to view their relationship in a different light as well (e.g., turn 499: "...I see the element of friendship that we have..."), and to

to them. After a partner introduces new desired behaviors, de Shazer inquires about both their behavioral response and the significance of their reaction. By asking questions like, “Would this be a big or little surprise?” he seems to elicit a meaning-laden response from the client in which significance is attributed to the new and desired behaviors they are describing. For Fae, if Robert were to wish her a good day at work (behavior, turn 192: “...he’d wake up and wish me a good day at my job...”), it will signify encouragement (meaning, turn 196: “...it would be an encouragement”). For Robert, a home cooked meal by Fae (behavior, turn 200: “...it would be a pleasure every once in a while maybe to get a home cooked meal...”) will indicate that she cared for him (meaning, turn 206: “...just show me she cares I guess”). In the session there are multiple instances that are labeled as representative of these *response-react cycles*, similar to the one in turns 192-212.

- ¹⁹²F(W) (5.5) I’m think:ing he’d wake up :and wish me a good day at my j::ob (.5)
which would be a [f:irst
- ¹⁹³SdS [um huh (.5) :ok :ah (2) ::and (1.5) what ::ah would be
(.) your ↑reaction to that first
- ¹⁹⁴F(W) I’d probably be shocked but (.) it would be good to hear ↓ for a chan[ge=
¹⁹⁵SdS [um
- huh
- ¹⁹⁶F(W) =
like ↑it would be an encouragement
- ¹⁹⁷SdS so how- ↑what would you do?
- ¹⁹⁸F(W) (3.5) °I proba-° (.5) I wou-↑I probably would get up and start fixing his
breakf:ast
- ¹⁹⁹SdS (2.5) so-is that sort of a rare e[vent?
- ²⁰⁰R(H) [it’s funny that she said that ↓ because I was
thinking that the identical thing that it would be a pleasure :every once in a
while maybe (.) to get a h:ome cooked meal instead of stopping at the
loc:al carry-out and buying breakfast (.) ↑that would be a rare ↑that would
be a nice change of pace maybe uh a nice lunch to take to work with me

- instead of (.) having always (.) either grab something at work myself in the cafeteria at the sch:ool or ↑I would like to know that somebody cared about °me to that degree°
- 201 SdS ok ↓s::o she'd fix your lunch as well ↑that'd be nice
- 202 R(H) it would [b:e=
- 203 SdS [uh huh
- 204 R(H) =she h:as she has early meetings sometimes ↓I know that's not possible every day but (.) if she could f:ind the energy once or twice a week ↓maybe [t::o=
- 205 SdS [uh huh
- 206 R(H) =just show me she cares ↑I guess
- 207 SdS o-k SO uh- if she were to fix you breakfast like this after this (.hh) ↑what would you do as a-↓in response to that?
- 208 R(H) I would probably surpr:ise her maybe when she come ho- comes home from work ↓I'd take off an hour or so early and maybe prepare dinner for her ↑I'm not a b:ad cook
- 209 SdS um huh (5.5) :o:k (.) that-that'd be ::a ↑little or big surprise?
- 210 F(W) that would be a v:ery big surprise
- 211 SdS um huh (.) ok? wha- ↑how would you react to that
- 212 F(W) °h::[um°

CLT contextual understanding of polarized perspectives. Unlike the therapists in NT and SFBT, I did not interpret Harlene Anderson's dialogue as an attempt to bring partners into a mutual understanding of either meaning or behavior. Rather, I believe she allows for each client to express his or her own perspective regardless of how different that may be from his or her partner's. Only then does she seem to explore with the clients how these two polarized perspectives relate to each other and how they are able to coexist within the couple's system (e.g., turn 146: "...what-a-what I'm not saying you should agree or accept her understand her explanation..."). I have named this representative example using *in vivo* coding, where *polarized perspectives* are the exact words Anderson used to describe this interaction in her commentary of the therapeutic dialogue.

This approach may be informed by the CLT tenet of multipartiality, and I consider it an example of the both/and perspective in action, shown in turns 146-155.

- 146 HA oh OK you're say::ing (.) you were saying I don't (.5) I don't remember the exact word ↑you were saying something like ↑I don't want that this can't b::e (.h) she can't d:o this so- (1.5) what-a-what I'm not saying you should agree or accept h:er understand h:er explanation but at some like (.) ↑whatever her reasoning ::is behind this (.) meaning th:e (.h) ↓five minute phone call turning int:o five hours of [misery and (.) pain=
- 147 C(H) [um huh?
- 148 HA = ::and
- reflec[tions =
- 149 C(H) [um huh
- 150 HA =that that's (.) ↓whatever that :is it (.) that's not something she's able to communicate to you in a way that it makes sense ↑in terms of how [come=
- 151 C(H) [um huh
- 152 M(W) = a five minute phone call could do that to her
- 153 C(H) um huh? (2.5) no- ↑it's not that I'm unsympathetic about it (.) you know I've-
- 154 HA °um huh°
- 155 C(H) I process th:ings and-and-and deal with these kinds of thought °ok?° ↑not the same way she d::oes

Expanding changes to the larger system

Based on my interpretation of the data and my organization of the therapeutic dialogue, the third common factors construct I developed is that of expanding the changes to the larger system. The therapists in all three models seem to expand the changes to the larger system to which their clients report belonging. What I mean by this construct is that the effects of the problem, the changes that are taking place, or those expected to take place, seem to be extended to include not only the couple, but also other important members of their system. Although I abstracted this construct as being achieved in different ways in all three models, I interpreted it to have a similar effect in each case.

The results seem to be intended for providing the couple with a larger base of resources for evaluating the significance of their current state. Also, by expanding changes to the larger system, the therapists seem to provide the couple with a larger arena in which to display the changes that have taken place or will be taking place.

590 MW they say the same thing
591 S(W) um huh ↑they'd say that you're supposed to work at it ↑I guess that ah (.)
the one thing we have in common is our f:amilies are sort of all from this
m:id-western sort of ↓background kinda thing and you just °know°
592 MW right
593 S(W) just don't throw in the towel and go ↑oh well ↓y'know you have to work
at it
594 MW would that b::e ↑if they were here and said that, ok you're doing what
you're supposed to be doing ↑would that be a negative or a positive?
↓thing to expe[rience from them
595 S(W) [no :I think it would be positive
596 MW positive?
597 K(H) [yeah=
598 S(W) [oh it would be p:ositive for m:e
599 K(H) =↓I think so too ↑because [:ah
600 MW [why would it be positive
601 K(H) =(.) ab::out ↑getting' recognition from [them

⁶⁰²MW [yeah recognition from
 from ah yo-yo-your parents and your grandparents?
⁶⁰³K(H) well yu-I ah ↑look at (.) you know my parents with a lot of respect ↓you
 know they are my :elders [the-they=
⁶⁰⁴MW [yeah
⁶⁰⁵K(H) =know things yet- you know I have still
 yet to learn (.h) s:o I figure yeah ↑if-if they can look at me and say ↓well
 you're doing what you're supposed to do (.) over the l:arge pictu- ↑over
 the scheme of th[ings=
⁶⁰⁶MW [°yeah yep°
⁶⁰⁷K(H) = then I I much know that I'm on the right direct-
 y'know ↑I'm on the right path
⁶⁰⁸MW yeah
⁶⁰⁹K(H) that you know even though we got a l::ot of hurdles we gotta you know
 get across ↑and there's a l::ot of small pro[blems=
⁶¹⁰MW [yeah
⁶¹¹K(H) =but those are all ::sm::all
 things ↓as long as we're on (.) the right path [°y' know°
⁶¹²MW [so ((unintelligible))
 sustaining °for you° in a [way
⁶¹³K(H) [yeah ↑in a way yeah 'cause I know at l:east
 we're in the right direction ↓yeah
⁶¹⁴MW how 'bout for you?
⁶¹⁵S(W) OH ↓oh it would be real positive a thing [yeah I=
⁶¹⁶MW [°for you as well° sustained
⁶¹⁷S(W) = ↑yeah sustaining I
 know I say that I don't know so much a:s (.h) ↓well my dad's tended to
 surprise me lately so yeah it would be very sustaining [I think=
⁶¹⁸MW [right yeah

Other's perceptions and perspectives on behavioral changes in SFBT. Steve

de Shazer also seems to expand the changes and new perspectives in this particular
 couple's systems by tapping into prominent domains in which they exist, their family life
 by referring to their children (e.g., turn 272: "...how would they discover that this
 miracle has happened without you saying anything to them..."), and their workplace

(e.g., turn 310: "...at the jobs you think they might notice anything different about you guys the day after this miracle..."). I labeled these domains as prominent since they take up most of the session dialogue. de Shazer includes the children's reactions in the occurrence of the miracle in turns 272-282.

He also invites the couple to speculate how people in their workplace would see them as different and how they would see themselves as being different in their jobs in turns 310-328.

- (.5) ↑you think th:ey might notice anything different about you guys the day after this miracle
- ³¹¹R(H) I would probably say so because we ↑we don't (.) we don't have (.) much company ov:er ↑we don't go many places togeth:er ::um I would say that the people at work would probably :ah (.5) ↑probably witness the change in m:y attitude ↓as a result :of being happy once again at h:o[me=
- ³¹²SdS [um huh
- ³¹³R(H) = there
- ³¹⁴SdS are times when I take ah (.5) m:y problems from home to work with me s::ure
- ³¹⁵R(H) and that ↓kinda results in me getting into some type of spatz with my co-workers from time to time
- ³¹⁶SdS um huh (.5) ↑so they would see a difference?
- ³¹⁷R(H) ↑certainly they would
- ³¹⁸SdS °ok° um huh ok ah ↑what about yours? you think they may see a difference [too
- ³¹⁹F(W) [I'm sure they w::ould ::I'd probably be a little bit more relaxed
- ³²⁰SdS um huh
- ³²¹F(W) not as :um (.5) m:ilitary type
- ³²²SdS um huh °not as° [↓military type
- ³²³F(W) [I'm a little h:arsh
- ³²⁴SdS um huh
- ³²⁵F(W) :ah ↑I'd probably sm:ile a little bit more
- ³²⁶SdS um huh
- ³²⁷F(W) (1.5) be a little bit m:ore (.) ↑less demanding in (.) get:ing (.) staff to do °what I need them to do°
- ³²⁸SdS um ok °ok good good°

Hypothesizing others' feelings and thoughts in CLT. In CLT, Harlene

Anderson appears to expand the process of therapy and the prospective changes by inviting the couple to hypothesize how their children view and feel about the current family situation (e.g., turn 105: "...how do you-you you t-think the children are understanding or making sense of or not understanding or not making sense of what's going on..."). By doing so, the intended effect may be to help the couple or individual

↑that's what that's about (.) the little ones I'm sure have no (.) no idea
 about-of what's going on ↑I [don't=
¹⁰⁷HA [right
¹⁰⁸C(H) = all they know is that mom's not there
 very much anym:ore and they really ↑they really miss her presence and
 they express that to me ↑a lot (.hhh) ::ah (hh) and so is-is you know is (.)
 as far as that goes I know the big ones see th:is you know this separation
 (.) ::as a prelude to a- to a more permanent kind of separation ↑I'm sure
 it's like their feels- their fears ↑their worst fears are- are becoming real in
 the worst kind of a thing
¹⁰⁹HA hum
¹¹⁰C(H) :am ↑but that's just my own kind of (.) interpretation of their feelings I- ↑I
 have no idea whether that's accurate or [not ↑it's=
¹¹¹HA [yeah yeah well you might not be
 too far off ↓seems possible [yeah
¹¹²C(H) [yeah

Anderson not only seems to expand the system to the couple's children, she also
 inquires about the thoughts of those whom the couple have involved in their process and
 the audience viewing their session (e.g., turn 178: "...I'm imagining how people who
 who might view this tape who are really sensitive to gender issues would be be thinking
 about the dynamics of not only the session, but the dynamics of your relationship...").
 Marty mentioned in the session that Chad had spoken to some mutual friends regarding
 her state of being. Anderson develops a line of inquiry in which the couple may
 hypothesize on the feelings and perspectives of their friends in turns 178-181.

¹⁷⁸HA let me b:ack up to something you said earlier (1.5) right now I'm
 imagining how (.) people who ↓wh::o might view this tape wh::o are
 really sensitive to gender issues °would b:e°↑be thinking about the
 dynamics of not only the session but the dynamics ↓of your relationship
 (.hh) (.5) but that a[s:ide=
¹⁷⁹C(H) [yes
¹⁸⁰M(W) [((laughter)

¹⁸¹HA = that was just ah ↑a private thought in my h:ead
 :::um (.) ↑a moment ag::o mor- several minutes ago Marty said that y:ou
 have recently described h::er to a friend as fra[gile?

Use of thematic summaries

I developed the construct of thematic summaries to better describe my understanding of the therapists' lexical actions concerning the therapeutic dialogue as a whole. I've defined thematic summaries as statements made by the therapist that weave the session content into a hypothesis, idea, or future direction for the couple. These summarizing statements are thematic because important notions and pieces of dialogue, usually those most extensively discussed in the session, are treated as a unifying motif. These can be presented in the form of compliments, assignments, and/or future directions for the couple. They also seem to reinforce the alternate understandings the couple has developed regarding their own actions and behaviors and their goals. The axial codes (complimenting, complementing, and summarizing) that I developed for the therapist's statements assisted me in constructing the characteristics of thematic summaries.

Thematic summaries in NT. A prominent discussion throughout this session is that of friendship. When providing a contextual understanding of the partners, friendship is the new lens through which the couple seems to come to understand each other (e.g., turn 499: "...I see the element of friendship that we have..."). Michael White takes advantage of this and develops it into a theme. He uses this theme to highlight the couple's past successes (e.g., turn 697: "...these skills included um certain ways of expressing one's feelings of – included certain level of understanding and sharing and uh then I sorta had to discuss really personal friendship that's what I understood..."), seen in turns 695-699 below.

⁶⁹⁵MW = °and I um° ↑but ah-I um you-you started off
 by talking about the whole issue :of spirituality [and=
⁶⁹⁶S(W) [yeah?
⁶⁹⁷MW =and then :I explored
 with you (.) um ↑s-some of the ↑problem solving skills that you've been
 developing in relation to the whole sexuality area (.h) um and then I got a
bit of a history of what that is based on ↓you know? the um (.) um these
 skills included :um certain ways of expressing ones feelings of-
 ↑included certain level of understanding and (.) sharing and ::uh ↑then I
 sorta had to discuss really personal friendship ↓that's what I understood (.)
 and um (.hh) ↑I-I just wondered um where we've gone in this
 conversation in terms of the question that you came up with ↑do you have
 any ideas about how you might approach the spirituality area that might
 actually like ↑taking a leaf out of your own book (.5) [::um=
⁶⁹⁸S(W) [uhm
⁶⁹⁹MW = th- that
 might work for you °you know° got some thoughts about how you might
 approach this ↓issue

Additionally, in turns 752-762 White appears to continue to use this theme. The desired
 effect could be not only to highlight past successes, but also to attempt to establish a
 platform on which the couple can build future, foreseeable successes (e.g., turn 752:
 "...this conversation um it has to do with finding out th-the basis that you have for
 working as friends to resolve these issues that will contribute to you sorting this issue
 out...").

⁷⁵²MW = and ah and you're doing it yourselves ↑I have a sense
 that you're getting somewhere on this ↑I'm just wandering whether (.hh)
this conversation um it has to do with finding out th-the basis that you
 have for working as friends to resolve these issues that will contribute to
 you sorting this issue out uh ↓do you think it will contribute at all at all?
⁷⁵³S(W) well that's the only thing we can go by
⁷⁵⁴MW it is [the
⁷⁵⁵S(W) [it's the ↑I mean it's the only (.5) :I don't know? It's the only
 example we have=

⁷⁵⁶MW [yeah
⁷⁵⁷S(W) = I guess ↑I mean it (.) not gonna do us (.) it isn't that I
mean ↑and if we reflect back everything we do in our lives it's based on
an example of something that's been
⁷⁵⁸MW um huh
⁷⁵⁹S(W) that we've learned=
⁷⁶⁰MW yeah
⁷⁶¹S(W) = yeah that we've learned ↓from someone else or
other people or observing other people? So
⁷⁶²MW and you sure know a lot about friendships

Thematic summaries in SFBT. Thematic summaries in SFBT seem to be
complimentary in nature (e.g., turn 575: "...I'm really impressed that you both came
today together in spite of what ah many couples might well have thought was a hopeless
situation ..."), and take place before the suggestion of the homework assignment in this
case. Steve de Shazer compliments the couple, but unlike the previous dialogue of the
session, in which he addressed each partner individually, he addresses the partners as a
unit. In de Shazer's summary, he presents the couple as one unit working together
towards a common goal of saving their relationship (e.g., turn 581: "...it's clear you both
want the same thing, and you two are you know I think appropriately cautiously
optimistic that it will happen..."). This is my interpretation of what transpires in turns
575-587 and is congruent with the construct of dyadic orientation (Bodenmann &
Randall, 2012).

⁵⁷⁵SdS I'm (.) REALLY impressed ↓that you both came today (.) together (.5) in
spite of what :ah many coupl:es ↑might WELL have thought was :a
hopeless situation (.5) ↑looked pretty bleak at the time °right?°
⁵⁷⁶F(W) um huh
⁵⁷⁷SdS :::and the ↑I'm sure it's not been :easy (2.5) ove-↑over the y:ears that-
⁵⁷⁸F(W) °no it hasn't°

- 579 SdS therefore we-we're r::eally impressed (.5) th:at (.) things have g:one from
 zer::o °to five° (3.5) must mean you're doing something right (.5) huh? (.)
 ↑ and you've had a glimpse at least now and then ↓ of how things can be
- 580 R(H) [yeah
- 581 SdS [yeah ::ah ↑ the two tens that we've talked about ::um ↑ it's clear you both
want the same thing (2.5) :::and you two :are °you know° I think
appropriatel::y cautiously optimistic (1.5) th::at it will happen
- 582 R(H) (.hh) I think it c:an
- 583 SdS °yeah° there's no guarantees about it
- 584 F(W) yeah b:ut
- 585 SdS wha-would you say ↑ it was five and six
- 586 R(H) um huh
- 587 F(W) (nods in agreement)

Thematic summaries in CLT. Harlene Anderson seems to use a thematic summary in turns 207-211 to close the session with Marty and Chad. In it, themes of connectedness and difference/separateness are included to acknowledge the position of each partner in the couple. Anderson seems to highlight the connection to the expanded system developed throughout the session, which includes the couple's children and friends (e.g., turn 207: "...ways that you're being that-that all of those people that are intimately connected to you in terms of your immediate family and your close network of friends are like just jarred..."). In turns 209 and 211, she juxtaposes the different place in which each partner finds himself or herself (e.g., turn 211: "...that in a way it seems even more like you're each in in so many different places with all of this"). In doing so Anderson seems to validate their individual positions into one collective predicament.

- 207 HA the integration ↑ wha-I'm thinking that in terms :of :ah ↑ some of the things
 you're exploring and some of the ways that you're being that-that ↑ all of
 those people that are intimately connected to you ↓ in terms of your
 immediate family and your close network of friends are like just j:arred
 [(.) :ah=
- 208 M(W) [↑ oh

- 209 HA = because you're ↑you're so different than they're used t::o and then ↑Chad I think with y::ou is that it-it -it's like (.hh) y:ou're on one hand trying to be very supportive and understanding of it but then on the other h:and it sort of confirms this also use this thing of a loose cannon moment (.) shook your head is that the phrase?
- 210 C(H) [um huh
- 211 HA [yeah tha-that in a way it seems even more like (2.5) ↓you're each in(.) in so many different places with all of this

These findings could be taken as evidence that there is enough interpretable data to support a common factors discussion pertaining to the processes undertaken by discursive therapists when working with couples. These common factors are constructs that I have developed and articulated based on my interpretation of the research. They will be compared to previously published family and couples therapy common factors that were constructed by Sprenkle et al. (2009) in the next chapter. Based on the couples' feedback to the therapists and interviewers, these common processes also seem to produce a strengthened alliance in the couples. They also seem to set the stage for developing a dyadic orientation for problem solving or solution building, depending on the model of practice. I will elaborate on this point in Chapter V. I will also discuss the significance of these findings and the implications for the field of couples therapy that they may bring to light.

CHAPTER V: DISCUSSION AND IMPLICATIONS

The findings presented in Chapter IV could be used to demonstrate that most of the claims made by the creators and theorists of discursive models of couples therapy are substantiated by my interpretation of the data in these particular cases. I only interpreted one claim as seeming unsupported by the data: Narrative Therapy's (NT) theoretical claim that the dominant story of "dysfunctional communication" regarding the process of couples therapy is challenged. My interpretation of the data pertaining to this particular claim is inconclusive at best. Based on this conversation analysis, the supported claims seem to have an effect on enhancing the couple alliance and equipping the couple with a dyadic orientation. In NT, the clients discussed a new couple identity rooted in friendship, a shared value of which they were unaware prior to attending the consultation with Michael White. In Solution-Focused Brief Therapy (SFBT), during the post session interview, both partners expressed that while they were attending therapy as a last resort, they exited the session imbued with a new sense of encouragement and hope regarding the possibility of saving their relationship. The couple with which Harlene Anderson consulted using Collaborative Language Therapy (CLT), while holding steadfast to their original individual beliefs, re-stated that disagreeing was not enough to drive a wedge in their relationship, as they were sure that they could endure this particular dilemma. In all three cases, each of the couples described the experience of acquiring a sense of duty toward their relationship and a willingness to continue to work on resolving their problems. I abstracted this from Shannon and Kenny's agreement to have their usual therapist report back to Michael White on their progress. Fae and Robert and Marty and Chad both agreed to return for follow-up sessions, which were also recorded.

These findings suggest that therapists' actions do influence the couple alliance and add to what was found through the use of the CTSA-r. Results using the CTSA-r suggest that matching therapist and client factors, such as race, influence the couple alliance (Knobloch-Fedders et al., 2004). In this study, only the CLT case had participants who all belonged to the same race. Based on this, it could be suggested that while helpful, therapists' factors are not the only influential variables in enhancing the couple alliance. While only the linguistic actions of the therapists were analyzed in this study, these seemed to have an interpretable effect on the therapeutic and the couple alliance based on the client feedback obtained from the interviewers ending each session. These findings differ from previous research suggesting that therapist management techniques, such as encouraging caring and compromise, are the preferred method of enhancing the couple alliance (Lambert et al., 2012; Mateu-Martinez et al., 2014). Although these may still be effective techniques in some cases, I was not able to abstract these behaviors in the sessions analyzed for this study. In these cases they seemed unnecessary for enhancing the couple alliance in discursive couples therapy.

The Strong Couple Alliance

Use of the SOFTA-o produced a working definition of what determines a strong within-system alliance, or, in this case, a strong couple alliance (Lambert et al., 2012). Based on Lambert et al.'s (2012) findings, a strong couple alliance is evident when: (a) partners agree on the nature of the problem, (b) partners agree on the goals for treatment, (c) partners feel connected in coping with concerns, and (d) partners see conjoint therapy as a meaningful process to achieve their goals. Part of answering Research Question 1 was not only to determine if the practices of discursive couples therapists supported the

claims they made in regards to couples therapy, but also to explore whether these practices had an effect on enhancing the couple alliance.

Agreeing on the nature of the problem. Based on my analysis of the data, agreeing on the nature of the problem did not seem evident in any of the cases. In NT, the couple does not explore the nature of the problem with Michael White. The consultation was focused on how the couple was able to solve a similar problem in the past and how they may be able to do it again. There are instances in which either partner mentions the reason the problem exists based on his or her perspective. Shannon seems to believe that it was a breakdown in communication, while Kenny believes it was a breakdown in their friendship. The therapist does not pursue these lines of inquiry; White does not dive into these directly but adopts the theme and language of these concerns to build the couple's new preferred reality. In SFBT, the adherence to the tenet and claim of future orientation seemed to prevent Steve de Shazer from exploring the nature of the problem. The solutions are built upon the notion that the clients would like to fight less. The solutions are then built upon the definition of the goal and not the nature and/or definition of the problem. In CLT, Harlene Anderson allows each partner to express what he or she believes the problem is, but she never makes an attempt to have them agree or compromise on one definitive source of the problem. In this Anderson seems to adhere to the CLT tenet and claim of multipartiality. Based on my interpretation of the data, these findings suggest that agreeing on the nature of the problem may not be entirely necessary for a strong couple alliance in the practice of discursive couples therapy.

Agreeing on the goals for treatment. In all three cases the therapists develop a view of the future that is inclusive of the perspectives of both partners. In NT, the couple

unifies with the purpose of recovering their friendship. In SFBT, both partners seem to take equal participation in creating his and her view of what life after the problem will look like. However, more than just creating this view together, the effects of each partner's behavior are woven into the description of the future through multiple response-react cycles of questioning. Response-react cycle questioning elicits both the behavioral and affective aspects of the predicted changes. In CLT, there is less goal definition and more meaning negotiation. Nevertheless, what is produced in the dialogue seems to be inclusive of each partner's point of view. In discursive couples therapy, while agreeing on the goals for therapy may not be entirely necessary it does seem to help the couple alliance when the goals are inclusive of each partner's views and all participants in the session (including the therapist) take a dyadic orientation.

Feeling connected with one another in coping with concerns. All three couples seen in this study seem to display a shift from disconnection to connection. In NT, the unifying theme of friendship developed by the therapist using the couple's description of concerns provided a new connection between Shannon and Kenny. Further, this couple also expressed how they enjoyed each other's presence and how they were glad to take this journey together. In SFBT, Fae and Robert described themselves as being encouraged in working on their relationship, an endeavor they chose to take on together. Although this is less obvious in the CLT case, both Marty and Chad expressed willingness to explore different options that may allow them to overcome their current difficulties. They agreed on talking to their four children together and allowing them to come to a follow-up session. In discursive couples therapy, developing a sense of connection for working on the problems and solutions develops the dyadic orientation in

therapy. This defining characteristic of feeling connected with one another in coping with concerns remains a significant part of the couple alliance in discursive couples therapy as it is in other epistemologically different models.

Seeing conjoint therapy as meaningful. Through the clients' expressed commitment to return to therapy it can be deduced that each couple views conjoint therapy as meaningful. The male partners in all three cases initially expressed hesitation towards the purpose and usefulness of couples therapy. At the end of the consultation or session, each one was committed to continuing the therapeutic process with their partner. This could be interpreted as evidence that discursive therapists have an effect on enhancing the couple alliance and that seeing conjoint therapy as meaningful remains an important aspect of doing so in discursive couples therapy.

Addressing the Challenges of Couples Therapy

In developing and maintaining a strong couple alliance and a dyadic orientation these discursive therapists also seem to address and/or bypass the common challenges of couples therapy that I described in Chapter I. They may have achieved even joining with each partner by maintaining symmetry throughout the sessions. By promoting personal agency and contextual understanding of self/partner, they seemed to diffuse any defensive or offensive positions held by any one partner. In this particular analysis, it cannot be determined how discursive therapists address mixed-agenda couples, as none of the couples examined were in this position. However, based on the findings of this study, one could muse that the discursive therapists' adherence to postmodern epistemology and acceptance of multiple realities could help in addressing this particular challenge.

Common Factors

Although the common factors literature has been extended through various modalities, there is research suggesting common factors unique to couple and family therapy (Sprenkle et al., 2009). Findings for Research Question 2 of this study may be sufficient to support the marriage and family therapy field's discussion on common factors. The findings may also be sufficient to initiate a common factors dialogue uniquely focused on discursive models of couples therapy. In the extant literature, Sprenkle et al. (2009) present their version of marriage and family therapy's common factors as: (a) expanding the therapeutic alliance, (b) conceptualizing difficulties in relational terms, (c) expanding the direct treatment system, and (d) disrupting dysfunctional relational patterns. It should be noted that Sprenkle et al. (2009) heavily quoted the work of Davis and Piercy (2007a; 2007b), whose analysis of three modern models of couples therapy helped in articulating these common factors. Given that these common factors were developed through the study of three modern models of therapy, some of them may conflict with the postmodern epistemology held by practitioners of NT, SFBT, and CLT regarding issues of pathology and dysfunction. Davis and Piercy (2007a) call these model-dependent common factors, as they are contingent on the model the therapist uses to conceptualize the cases on which he or she consults. The common factors developed through the completion of this study and pertaining specifically to discursive couples therapy are: (a) developing a symmetrical structure of the dialogue, (b) developing a contextual understanding of self/partner, (c) expanding changes to the larger system, and (d) using thematic summaries. I chose to discuss the common factors constructs I developed in the context of Sprenkle et al.'s findings, rather than the findings

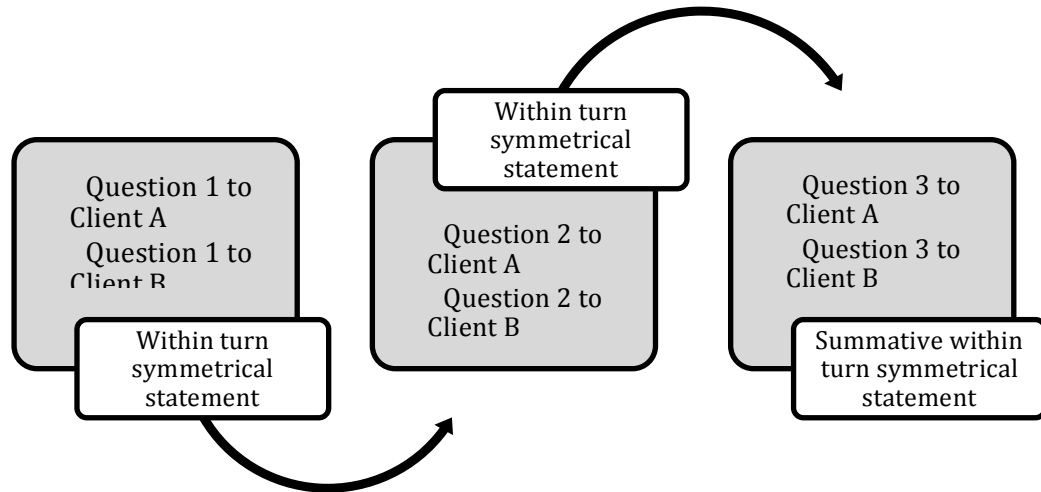
of other researchers, based on two distinctions. First, Sprenkle's work on common factors is widely known and accessible in the field of marriage and family therapy. Second, I chose Sprenkle's constructs because they were developed in a similar way to the research methods used in this study (three models, compared and contrasted, yielding four common factors constructs).

Symmetrical structure of the dialogue and expanding the therapeutic alliance. Creating a symmetrical structure for the therapeutic dialogue can be considered a part of the common factor of expanding the therapeutic alliance. Based on the data, it can be said that a symmetrical structure seems to allow the therapists to join equally with each individual and with the couple as one unit. The therapist recognizes the importance of acknowledging the different levels and subsystems of the therapeutic alliance that seem uniquely present when working with more than one client (Sprenkle et al., 2009). Therefore, creating a symmetrical structure of the dialogue could be considered one way of expanding the therapeutic alliance. In the analyzed cases this is achieved with the use of repeated turns, in which the therapists create parallel lines of dialogue with each of the partners in a couple. The therapists also employ within turn symmetry, in which the therapists address both partners simultaneously in one summative inquiry, response, or statement. While Sprenkle et al. (2009) make a push for the recognition of the multiple subsystems, these findings could provide a vehicle by which this may be done. Figure 1 on page 117 displays how this may look.

Contextual understanding of self/partner and conceptualizing difficulties in relational terms. Conceptualizing difficulties in relational terms refers to "paying particular attention to the complex web of reciprocal influences contributing to the

Figure 1

Symmetrical Structure of the Dialogue

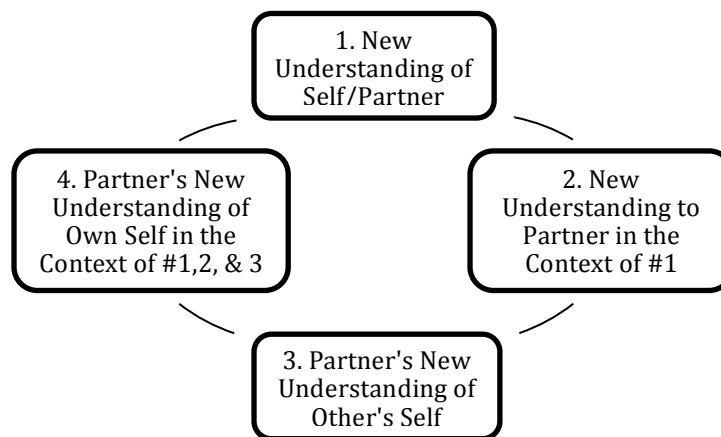


complaint” (Sprenkle et al., 2009, p.35). This is a modern perspective that requires the identification of dysfunctional interactional cycles (Sprenkle et al., 2009). In postmodernist epistemology, and hence in discursive couples therapy, the notion of dysfunction is dismissed in favor of the notion of socially embedded and linguistically co-created experiences (Hansen, 2006). In NT, the focus on challenging dominant stories that are considered unfitting to each client’s preferred identity is similar to the concept of dysfunctional interactional cycles. However, by not focusing on the dominant story the therapists brings attention to other alternative stories. In SFBT and CLT, the therapists also fail to utilize the practice of interrupting patterns. In contrast, in all three discursive models the therapists favor highlighting fitting and desired patterns that are already in existence, rather than devoting focus to those seemingly ill-fitting interactional cycles. Developing a contextual understanding of self/other in discursive therapy could be considered different from conceptualizing problems in relational terms, although the

therapists are still taking a relational stance. While conceptualizing the problems in the larger system is part of discursive couples therapy, the therapists also conceptualize persons in relational terms. A contextual understanding of self/other is based on exploring how the partners relate to each other and how each of them relates to the way they relate to each other. It explores the understanding of how each client sees himself or herself in the context of relating to his or her partner, as seen in Figure 2. There seems to be a focus on both meaning and behavior, since the therapist can choose to focus on exceptions of problematic behaviors or the significance of these exceptions and unique outcomes.

Figure 2

Contextual Understanding of Self/Partner



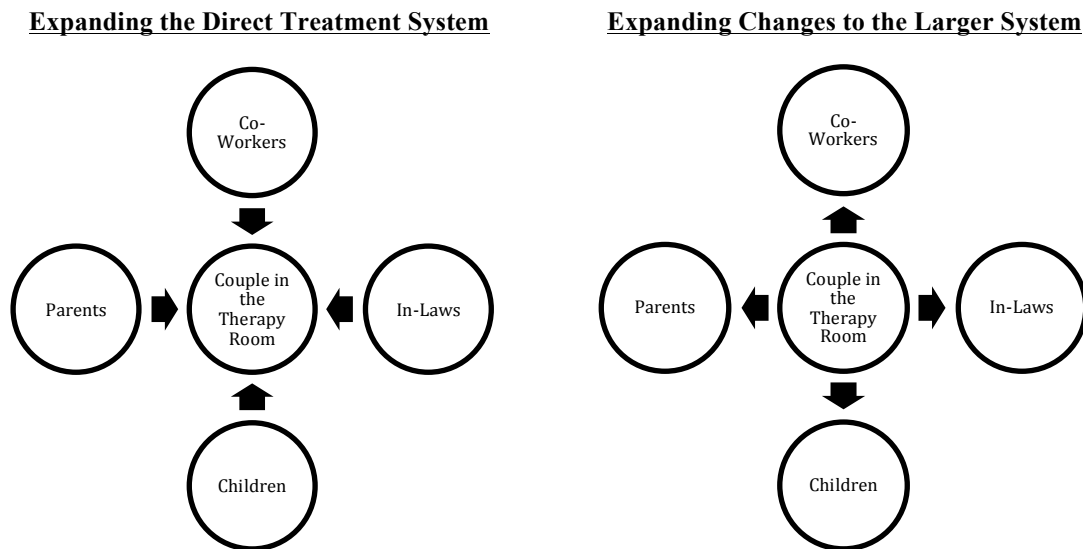
As one client's understanding of the self changes, his or her understanding of his or her partner must also shift in order to accommodate his or her own relational understanding. This also affects the alliance; supporting research states that one partner's alliance influences his or her partner's alliance, not only with the therapist, but also with each other (Anker et al., 2010). This sort of process may allow for new interactional patterns to

emerge as clients explore new ways of being. Chenail et al. (2012) suggest this awareness of interrelatedness by the clients may be the original commonality in all successful conjoint marriage and family therapy. Chenail et al. (2012) also suggest that a debriefing or exploration of the clients' awareness of this interrelatedness may help in strengthening the alliance. In these cases this practice is carried out through the reflecting team in NT and post-session interviews in SFBT and CLT.

Expanding changes to the larger system and expanding the direct treatment system. Expanding the direct treatment system refers to the marriage and family therapists' preference to involve as many members of the clients' system in therapy, preferably directly and in person (Sprenkle et al., 2009). This could be interpreted as a focus on the importance of having conjoint therapy recognized as meaningful by a couple as a sign of a strong therapeutic alliance (Lambert et al., 2012). This also includes larger systems issues, like gender roles, being incorporated in the therapeutic dialogue (Sprenkle et al., 2009). While some of this is also applicable in discursive couples therapy, and fairly evident in both NT and CLT, these discursive therapists also seem to be expanding changes to the larger system. In order to expand changes to the larger system the discursive couples therapist takes perceived and expected changes by the couple and hypothesizes how these will affect the systems that the couple is part of. For example, asking how Fae and Robert will be different at their jobs and how their coworkers will view them differently after the problem is resolved suggests that interactional patterns outside of the couple system will also be affected by these changes. Rather than just bringing persons into the therapy, in discursive couples therapy changes are also thought up in the therapy room and speculated to take place in the future with

Figure 3

Expanding the Direct Treatment System and Expanding Changes to the Larger System



people outside of the therapy system. It should be noted that both practices are present in discursive couples therapy in such a way as it could be deduced that expanding the direct treatment system could be a common factor across both modern and postmodern couples therapy. Expanding the direct treatment system can be understood as a process of convergence, while expanding changes to the larger system can be understood as divergence. An illustration of these two processes can be seen in Figure 3 above.

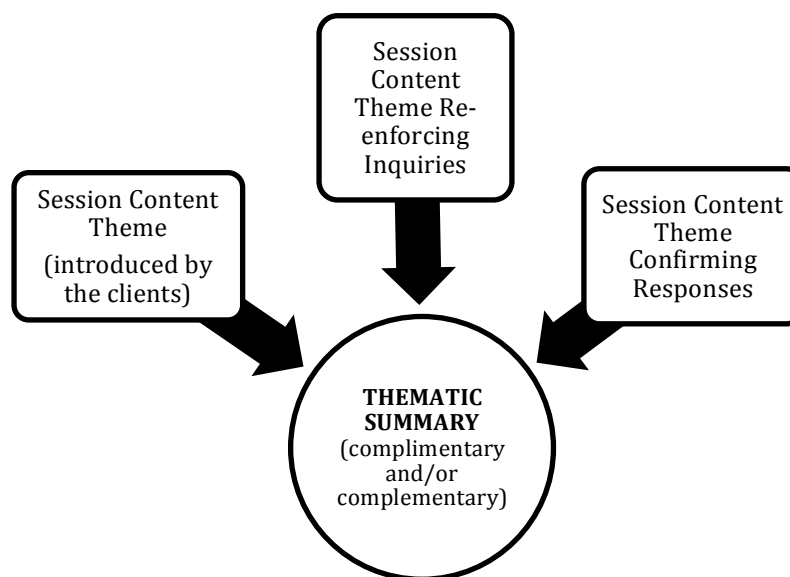
Using thematic summaries and disrupting dysfunctional relational patterns.

As mentioned above, the notion of dysfunction is dismissed in discursive couples therapy. Accepting the notion of dysfunctional relational patterns is what Davis and Piercy (2007a) would refer to as model-dependent common factors as the therapist's epistemology plays a significant role on whether it is evident in sessions or not. The use of thematic summaries is a product of discursive couples therapists' conceptualization of problems as linguistic social constructions that can be linguistically deconstructed. The

notion of problematic patterns is replaced with unifying themes in discursive couples therapy. Rather than honing in on pathology as a point of entry for interventions, discursive couples therapists are attuned to what is effective, what works, and what the couple desires. Discursive couples therapists use thematic summaries to compound information obtained throughout the session into one comprehensive and inclusive statement that seems to have a settling effect. What I mean by settling is that certain realities are stabilized, while other less fitting ones are allowed to dissipate. To do this, the therapist identifies a theme in the clients' utterances and inquires about the theme. Then, the therapist summarizes the clients' theme-confirming responses and presents them back by complimenting the clients and complementing the session content. Based on my interpretation of the data, I believe discursive therapists in these cases bypassed having to assess dysfunctional patterns by focusing the session content on desired

Figure 4

Use of Thematic Summaries



realities. However, this begs the question of whether this would remain the process of therapy when dealing with couples that face issues and concerns other than couple distress. This common factor also produces a dyadic orientation in all session participants. A dyadic orientation promotes a unifying effect, seen in Figure 4 on page 122 (Bodenmann & Randall, 2012).

Similarities between modern and discursive couples therapy

Both modern and discursive couples therapy models hold strong systemic assumptions. Although differing in methods of intervention in some cases, both approaches seem rooted in the idea that behavior makes sense in context. Both modern and postmodern theorists also consider behavior significant since they seem to believe that it affects the systems to which the clients belong. In modern models more people are brought into the therapy room to expand the system. This also seems to happen in postmodern models. Additionally, in the postmodern cases analyzed in this study, the changes made by the couple are assumed to affect more people outside of the therapy room, hence also expanding the system. Both epistemologies seem to recognize that problems, difficulties, and solutions go beyond just the couple system.

Another similarity between these two epistemologies is what I consider to be remnants of modernism in postmodern models origins. Postmodern models came to be as a response to modernism, and it is no surprise that certain elements of modernism have influenced the practice of postmodern couples therapy. For example, in NT, Michael White connects the couple to past generations of parents and grandparents. This therapist's action may be informed by the ideas of intergenerational influence of Bowenian Natural Systems theory (Kerr & Bowen, 1988). In SFBT, the interventions and

homework assignments prescribed by the therapist have a behavioral element as the therapist suggests behavioral changes in the partners. Through the homework assignment the therapist may be trying to elicit both behavioral and affective changes, which is reminiscent of Emotionally Focused Couples Therapy (Johnson, 2003). These specific interventions may be interpreted as a display of the modern models of couples therapy that came before Narrative Therapy, SFBT, and Collaborative Language Therapy. This interpretation of the relationship between modern and postmodern models of couples therapy may also be seen in the therapists' organization of the session dialogue through symmetry and contextual understanding of self and other. The questions produced by these common factors in the analyzed cases seem to follow the same epistemological construct of circularity described by the Milan Systems approach theorists (Tomm, 1984). The product of these questions is then compounded into thematic summaries and can also be interpreted as closely related to, or similar to, the Milan Systems approach's use of reframing. Through reframing Milan therapists redact information from the session back to the clients in a way in which all members of the therapy session are connected and the information is understood in an alternative way (Tomm, 1984).

Implications of the Study

Illustrating how the therapists in the analyzed cases support and perform the claims they make in regards to couples therapy could help in creating a template for practice and training in the discursive couples therapy models. Consumers of this research could utilize these findings in their own practice by applying the illustrated techniques and common factors. This specifically addresses, and it is a step toward narrowing the gap between research and practice in couples therapy. The findings also

provide a new understanding of the process used by the therapists to facilitate couples therapy in three different models. Sexton et al. (2011) explain that findings such as these, which explore model-specific techniques for producing change, are part of the developmental trajectory of the field. This type of information should enrich our understanding of these models, providing more step-by-step descriptions of how to enhance the couple alliance.

The effect on the couple alliance through the use of discursive models discussed in this study may also strengthen the extant effectiveness literature for each of these. Although I did not set out to explore the effectiveness of each of these models, in each case the couple seems to exit the session with a renewed sense of self, of partnership, and of hope and encouragement based on their responses during the end-of-session interviews. This could imply that discursive couples therapy, especially NT, SFBT, and CLT, may be appropriate approaches in treating couple distress. This study could also serve to support many of the theoretical claims made by discursive theorists.

The findings of this study also suggest that there are common factors unique to the practice of discursive couples therapy. These common factors add to those empirically supported common factors in the marriage and family therapy field that were constructed by Sprenkle et al. (2009). Since the common factors produced by this study are not only unique to couples therapy, but also to discursive approaches in general, practitioners that identify with a postmodern epistemology need not be constrained by common factors that contradict their beliefs about therapy and change. Theoretically, these findings can also help in developing discursive couples therapy training manuals. This could be done following further research and producing testable results as to

whether these common factors could be used as a stand-alone training approach for practitioners. Alternatively, the findings of this study, specifically the common factors, could be an added tool to many therapists' "tool box" for couples therapy. This means that anyone, not just discursive practitioners, could construe these findings in a way that may be useful to their practice.

Limitations of the Study

Several limitations should be taken into account when considering the findings of this study. The small sample, while common for a CA approach (Clayman & Gill, 2013), may affect the validity of the results. Replication of this study with more cases may help to substantiate these findings and/or refine the practical implications for discursive couples therapy common factors. The qualitative difference between the cases should also be considered as a limitation. The case for SFBT is qualitatively different from the NT and CLT cases since it depicted two-recorded reconstructed sessions. Only the first session was analyzed in this study in order to account for this difference. The SFBT case is also qualitatively different in that it is a case reconstruction rather than a recording of a live session, as are the NT and CLT video recordings.

While there is previous research suggesting that the therapist's factors are influential in establishing the therapeutic alliance (Knobloch-Fedders et al., 2004), I did not consider these in the analysis of the data. There may be other extenuating therapist variables and elements that could shed further light on the process of enhancing the couple alliance in discursive couples therapy. Some client factors may also affect how therapy is conducted in the session. All couples in this study were parents, heterosexual, and same-race. The therapists may have addressed larger system issues, such as gender

and race, differently if the couples were of mixed-race or part of the LGBTQ population. Including this type of diversity may not only refine these findings, but could also produce additional common factors not apparent in this study. It may also bring to light additional differences between these three models. The presence of parenting issues in all three cases could also be considered a limitation of the study. In each of the three cases that I analyzed the couples were parents and expressed concerns regarding how their relationship affected their children. In this study I did not focus on differentiating couple and parenting issues. Therefore, it begs the question of whether therapy enhancing the couple alliance and the discursive common factors I constructed would look different if therapy was with childless couples; or if the couples were in a different developmental stage of their relationship. Considering these limitations, the findings of this study should be taken as interpretative and illustrative rather than static claims to any particular truth or knowledge.

Implications for Future Research

As mentioned above, replicating this study with multiple cases, as well as more diverse cases, may help to refine or refute these findings. Another worthy line of inquiry may be to explore if the tenets and claims of the models hold up when treating couples with more diverse complaints that affect the couple alliance in different ways. Some examples would be cases pertaining to issues of substance abuse, intimate partner violence, or pervasive physical and/or mental illness.

While in this study I made use of inductive reasoning, utilizing the model premises to supply evidence of the conclusion that the couple alliance was enhanced, the field would benefit greatly by answering these research questions using deductive

reasoning. Researchers can apply the general rules, or the discursive couples therapy common factors I constructed, and measure the outcome effect on the couple alliance with tools like the SOFTA-o and the CTSA-rSF. There is a multitude of research options in taking a deductive reasoning approach. Future research could be: (a) model specific or within model, (b) model integrative or across model, and/or (c) model deficient by simply applying these four common factors without use of the model tenets and techniques. Research such as this may help determine just how much of the effect on the couple alliance is due to the models and how much is due to the common factors. Needless to say, with abundant opportunities for future research, the conversation on discursive couples therapy, their unique common factors, and their effect on the couple alliance is only just beginning.

Another future research option could be research across modern and postmodern epistemologies. In the section, *Similarities between modern and postmodern models of couples therapy*, I explained my belief that these therapists seemed influenced by the modern models that came before them. It would be interesting to further explore these and other similarities that may arise. It could also be beneficial, especially in the common factors approach, to explore whether there are any processes and/or distinctions that are neither modern nor postmodern in the practice of couples therapy.

Personal Reflections on the Research

In completing this study, I became keenly aware of the personal styles of each of these therapists. With this awareness a new curiosity of how much this difference in personal style influenced the effect of their therapeutic efforts arose in me. How much did it affect their relationship with the couple and each individual and the relationship

between the partners? How much did it affect their relationship with their own models of practice and theoretical tenets? I also noticed that as I became familiar with each of the cases, there were instances in which I was more critical or more supportive of the therapists' actions. These two points of awareness allowed me to reflect on my own personal style and biases. I identify myself as a discursive therapist, so for me there is no doubt that who I am as a researcher and practitioner had a distinct effect on the findings of this study. I find that managing these biases benefited my skills as a qualitative researcher. I was able to manage many of the biases I held by referring back to the model literature, examining the model claims I originally abstracted from the literature, and asking myself why I first perceived these claims in such way in the first place.

Managing biases in this manner benefited my skills as a postmodern qualitative researcher, as I had to weigh each of these biases with the data I was interpreting and decide what value they would bring to the findings, if any at all. Needless to say, there is an inventive quality to these findings since they are a direct product of the actions I took as a researcher. For example, there may be other differences and similarities between modern and postmodern models that I did not articulate in this dissertation since I chose to focus solely on the couple alliance. There may be other difference and similarities on the couple alliance that I did not interpret that other researchers looking at this study may be able to recognize. The research actions and decisions I took not only helped me construct the results of this study, but also the structure of the study. In Conversation Analysis, the researcher is the instrument of analysis (Hutchby & Woffitt, 2008). There was no software used to analyze the data or pre-constructed analytical tools other than the process of analysis I described in Chapter III. In every step, from conceptualizing the

study to constructing the methodology, my actions shaped this study into what is presented here. One example of the influence of my research actions is the level of transcription to which I chose to adhere in completing my analysis. Some, looking at this study, may wonder if such detailed transcription was necessary, especially since the phenomenon of interest was something as broad as the couple alliance. However, as the researcher, I felt the need to develop sets of transcripts that fit my personal style of processing, digesting, and analyzing data. Through the process of completing this dissertation I also became a student of my own personal style in qualitative research.

This process has also served to improve my clinical skills, as I have come to realize that what “comes natural” is really more complex than I had imagined. Just as I was able to deconstruct and reconstruct these therapists’ micro- and macro-level processes for alliance building, I have become more aware and able to articulate my own processes in the therapy room. Consequently, this has improved my level of confidence in both the therapy room and the research lab (which at the time is what I’ve coined the 4’x4’ corner of my home where my desk is located). Needless to say, this confidence was also nurtured by the invaluable feedback of my dissertation chair and committee. They also played a significant role in helping me manage biases by questioning my decisions as a researcher and allowing me to become more reflexive in the process of this study. I hope to carry that with me in continued efforts for the advancement of the marriage and family therapy field. As I transition from student to professional, I can safely state that the findings of this study have already made a difference and contribution to at least one professional in the research and practice of couples therapy.

References

- Alexander Street Press (Publisher). (2009). *Irreconcilable differences* [Streaming video]. Available from <http://ctiv.alexanderstreet.com/View/1778954>
- Anderson, D., Edwards, B., Hammersley, M., Sather, M., & Smith, G. (2013). Finding the ‘voice’ to speak: Women and men talk about relationships. *The International Journal of Narrative Therapy and Community Work*, 1, 11-24. Retrieved from: <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/1495405298/fulltextPDF/4CCF34C8840D450FPQ/3?accountid=6579>
- Anderson, H. (2007). The heart and spirit of collaborative therapy: The philosophical stance – “a way of being” in relationship and conversation. In H. Anderson & D. R. Gehart (Eds.), *Collaborative therapy: Relationships and conversations that make a difference* (pp. 43-59). New York, NY: Routledge.
- Anderson, H. (2012). Collaborative relationships and dialogic conversations: Ideas for a relationally responsive practice. *Family Process*, 5, 8-24. doi: 10.1111/j.1545-5300.2012.01385.x
- Anderson, H., & Gehart, D. R. (2007). *Collaborative therapy: Relationships and conversations that make a difference*. New York, NY: Routledge.
- Anderson, H., & Goolishian, H. (1992). The client is the expert: A not-knowing approach to therapy. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 25-39). Thousand Oaks, CA: SAGE Publications.

- Anderson, H., & Goolishian, H. A. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process*, 27, 371-391. doi: 10.1111/j.1545-5300.1988.0037.x
- Anderson, H., Goolishian, H. A., & Winderman, L. (1986). Problem determined systems: Toward transformation in family therapy. *Journal of Strategic and Systemic Therapies*, 5(4), 1-13.
- Anker, M. G., Duncan, B. L., Owen, J., & Sparks, J. A. (2010). The alliance in couple therapy: Partner influence, early change, and alliance patterns in a naturalistic sample. *Journal of Consulting and Clinical Psychology*, 78, 635-645.
doi:10.1037/a0020051
- Bader, E., & Pearson, P. (2011). Facing our fears: Why we avoid doing couples therapy. *Psychotherapy Networker*, 35(6). Retrieved from:
<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/992866610?accountid=6579>
- Bartle-Haring, S., Knerr, M., Adkins, K., Delaney, R. O., Gangaamma, R., Glebova, T., Grafsky, E., McDowell, T., & Meyer K. (2012), Trajectories of therapeutic alliance in couple versus individual therapy: Three-level model. *Journal of Sex & Marital Therapy*, 38, 79-107. doi:10.1080/0092623x.2011.569635

- Bavelas, J., De Jong, P., Franklin, C., Froerer, A., Gingerich, W., Kim, ... & Trepper, T. S. (2013). *Solution-focused therapy treatment manual for working with individuals* (2nd ed.). Solution Focused Brief Therapy Association. Retrieved from:
http://www.sfbta.org/PDFs/researchDownloads/fileDownloader.asp?fname=SFB_T_Revised_Treatment_Manual_2013.pdf
- Beck, M., Friedlander, M. L., & Escudero, V. (2006). Three perspectives of clients' experiences of the therapeutic alliance: A discovery-oriented investigation. *Journal of Marital and Family Therapy*, 32, 355-368. doi:10.1111/j.1752-0606.2006.tb01612.x
- Beckenbach, J., Patrick, S., Sells, J., & Terrazas, L. (2014). The statement of us: A narrative-based practice for enhancing couples' preferred identity. *Journal of Systemic Therapies*, 33, 50-61. doi:10.1521/jsyt.2014.33.2.50
- Berg, I. K., & Dolan, Y. (2001). *Tales of solutions: A collection of hope-inspiring stories*. New York, NY: W. W. Norton & Company, Inc.
- Besley, A. C. (2002). Foucault and the turn to narrative therapy. *The British Journal of Guidance and Counseling*, 30, 125-143. doi: 10.1080/0306988220128010
- Bidwell, D. R. (2007). Miraculous knowing: Epistemology and solution-focused therapy. In F. N. Thomas & T. S. Nelson (Eds.), *Handbook of solution-focused brief therapy: Clinical applications* (pp. 65-87). New York, NY: The Haworth Press.
- Bodenmann, G., & Randall, A. K. (2012). Common factors in the enhancement of dyadic coping. *Behavior Therapy*, 43, 88-98. doi: 10.1016/j.beth.2011.04.003

- Bridges, C. C. (2015). *System for observing family therapy alliance scale as a predictor of couples therapy outcomes*. Retrieved from Proquest Digital Dissertations. (AAT 3638137)
- Brimball, A. S., Gardner, B. C., & Henline, B. H. (2003). Enhancing narrative couple therapy couples therapy process with an enactment scaffolding. *Contemporary Family Therapy*, 25, 391-414. doi:10.1023/A:1027308719029
- Broderick, C. B., & Schrader, S. S. (1991). The history of professional marriage and family therapy. In A. S. Gurman & D. P. Kniskern (Eds.), *Handbook of family therapy: volume II* (pp. 3-40). Bristol, PA: Taylor & Francis Group.
- Burbach, F., & Reibstein, J. (2012). Focusing on couple therapy: Going forward. *Journal of Family Therapy*, 34, 225-228. doi: 10.1111/j.1467.2012.00603.x
- Burston, D. (2006). Psychotherapy and postmodernism: Agency, authenticity and alienation in contemporary therapeutic discourse. *Psychotherapy and Politics International*, 4, 119-130. doi: <http://dx.doi.org/10.1002/ppi.99>
- Butler, M. H., Davis, S. D., & Seedall, R. B. (2008). Common pitfalls of beginning therapies utilizing enactments. *Journal of Marital and Family Therapy*, 34, 329-252. Doi: 10.1111/j.1752-0606.2008.00076.x
- Carr, A. (2014). The evidence base for couple therapy, family therapy and systemic interventions for adult-focused problems. *Journal of Family Therapy*, 36, 158-194. doi: 10.1111/1467-6427.12033

- Chamberlain, S. (2012). Narrative therapy: Challenges and communities of practice. In A. Lock & T. Strong (Eds.), *Discursive perspectives in therapeutic practices* (pp. 106-125). Oxford, UK: Oxford University Press. Retrieved from: <http://www.myilibrary.com/?ID=389305>
- Chang, J., & Nylund, D. (2013). Narrative and solution-focused therapies: A twenty year retrospective. *Journal of Systemic Therapies*, 32, 72-88. Doi: 10.1521/jsyt.2013.32.2.72.
- Cheek, J. (2004). At the margins? Discourse analysis and qualitative research. *Qualitative Health Research*, 14, 1140-1150. doi: 10.1177/1049732304266820
- Chenail, R. J., DeVincentis, M., Kiviat, H. E., & Somers, C. (2012). A systematic narrative review of discursive therapies research: considering the value of circumstantial evidence. In A. Lock & T. Strong (Eds.), *Discursive perspectives in therapeutic practices* (pp. 224-244). Oxford, UK: Oxford University Press. Retrieved from: <http://lib.myilibrary.com.ezproxylocal.library.nova.edu/Open.aspx?id=389305>
- Chenail, R. J., St. George, S., Wulff, D., Duffy, M., Wilson Scott, K., & Tomm, K. (2012). Clients' relational conceptions of conjoint couple and family therapy quality: A grounded formal theory. *Journal of Marital and Family Therapy*, 38, 241-264. doi: 10.1111/j.1752-0606.2011.00246.x

- Clayman, S. E., & Gill, V. T. (2013). Conversation analysis. In J. P. Gee & M. Hanford (Eds.), *The Routledge handbook of discourse analysis*, (pp. 120-134). New York, NY: Routledge. Retrieved from:
<http://lib.myilibrary.com.ezproxylocal.library.nova.edu/Open.aspx?id=500529>
- Cookerly, J. R. (1980). Does marital therapy do any lasting good? *Journal of Marital and Family Therapy*, 6, 393-397. doi:10.1111/j.1752-0606.1980.tb01331.x
- Corcoran, J. (2005). *Building strengths and skills: A collaborative approach to working with clients*. Retrieved from:
<http://web.b.ebscohost.com.ezproxylocal.library.nova.edu/ehost/detail/detail?sid=c831bac3-7ef3-47cb-8e7f-61c7e5c14b86%40sessionmgr112&vid=0&hid=125&bdata=JnNpdGU9ZWhvc3QtbnGl2ZQ%3d%3d#db=nlebk&AN=150134>
- Creswell, J. (2012). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Cunliffe, A. L. (2008). Discourse analysis. In R. Thorpe & R. Holt (Eds.), *The SAGE dictionary of qualitative management research*. Thousand Oaks, CA: SAGE Publications Ltd. doi: <http://dx.doi.org/10.4135/9780857020109>
- Davis, S. D., & Piercy, F. P. (2007a). What clients of couple therapy model developers and their former students say about change, part I: Model-dependent common factors across three models. *Journal of Marital and Family Therapy*, 33, 318-343. doi: 10.1111/j.1752-0606.2007.00030.x

- Davis, S. D., & Piercy, F. P. (2007b). What clients of couple therapy model developers and their former students say about change, part II: Model-independent common factors and an integrative framework. *Journal of Marital and Family Therapy*, 33, 344-363. doi:10.1111/j.1752-0606.2007.00031.x
- De Jong, P., & Berg, I. K. (2007). *Interviewing for solutions* (3rd ed.). Belmont, CA: Brooks/Cole.
- De Jong, P., & Berg, I. K. (2012). *Interviewing for solutions* (4th ed.). Belmont, CA: Brooks/Cole.
- de Shazer, S. (1991). *Putting differences to work*. New York, NY: W. W. Norton & Company, Inc.
- de Shazer, S., & Berg, I. K. (1985). A part is not apart: Working with only one of the partners present. In A. S. Gurman (Ed.), *Casebook of marital therapy*. New York, NY: The Guilford Press.
- de Shazer, S., Berg, I. K., Lipchik, E., Nunnaly, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief therapy: Focused solution development. *Family Process*, 25, 207-211. doi:10.1111/j.1545-5300.1986.00207.x
- Dickerson, V. (2013). Patriarchy, power, and privilege: A narrative/poststructural view of work with couples. *Family Process*, 52, 102-114. Doi: 10.1111/famp.12018
- DiTommaso, T. (2005). A postmodern metaphor: Psychotherapy as rhetoric. *The European Legacy*, 10, 349-357. doi: 10.1080/0848770500116481

- Doherty, W. J. (2002). Bad couples therapy: Getting past the myth of therapist neutrality. *Psychotherapy Networker*, 26(6), 26-33. Retrieved from:
<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/233312547?accountid=6579>
- Doherty, W. J. (2011). In or out: Treating the mixed-agenda couple. *Psychotherapy Networker*, 35(6). Retrieved from:
<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/1012263965?accountid=6579>
- Dolan, Y., & Nelson, T. S. (2007). "This job is so demanding" using solution-focused questions to assess and relieve burnout. In T. S. Nelson & F. N. Thomas (Eds.), *Handbook of solution-focused brief therapy* (pp. 249-265). New York, NY: Routledge.
- Donovan, J. M. (1998). Brief couples therapy: Lessons from the history of brief individual treatment. *Psychotherapy*, 35, 116-129. doi:10.1037/h0087752
- Doss, B. D., Thum, Y. M., Sevier, M., Atkins, D. C., & Christensen, A. (2005). Improving relationships: Mechanisms of change in couple therapy. *Journal of Consulting and Clinical Psychology*, 73, 624-633. doi:10.1037/002-006x.73.4.624
- Epston, D. (2013). Innovations in practice: A new column hosted by David Epston. *The International Journal of Narrative Therapy and Community Work*, 4, 1-4.
Retrieved from:
<http://search.proquest.com.ezproxylocal.library.nova.edu/docvie/1492865752?>

- Fife, S. T., Whiting, J. B., Bradford, K., & Davis, S. (2014). The therapeutic pyramid: A common factors synthesis of techniques, alliance, and way of being. *Journal of Marital and Family Therapy*, 40, 20-33. doi: 10.1111/jmft.12041
- Fishbane, M. D. (1998). I, thou, and we: A dialogical approach to couples therapy. *Journal of Marital and Family Therapy*, 24, 41-58. doi: 10.1111/j.1752-0606.1998.tb01062.x
- Flaskas, C. (2010). Frameworks for practice in the systemic field: Part 1- continuities and transitions in family therapy knowledge. *The Australian and New Zealand Journal of Family Therapy*, 31(3), 232-247. Retrieved from: <http://web.b.ebscohost.com.ezproxylocal.library.nova.edu/ehost/pdfviewer/pdfviewer?sid=ee186043-97ed-47b4-a05f-2d1a9d18e91d%40sessionmgr115&vid=8&hid=125>
- Fraser, J. S., Solovey, A. D., Grove, D., Lee, M. Y., & Greene, G. J. (2012). Integrative families and systems treatment: A middle path toward integrating common and specific factors in evidence-based family therapy. *Journal of Marital and Family Therapy*, 38, 515-528. doi: 10.11/j.1752-0606.200.00228.x
- Freedman, J. (2014). Witnessing and positioning: Structuring narrative therapy with families and couples. *The International Journal of Narrative and Community Work*, 1, 11-17. Retrieved from: <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/1612360481/fulltextPDF?accountid=6579>
- Freedman, J., & Combs, G. (1996). *Narrative therapy: The social construction of preferred realities*. New York, NY: W. W. Norton & Company, Inc.

- Freedman, J., & Combs, G. (2008). Narrative couple therapy. In A. S. Gurman (Ed.), *Clinical handbook of couple therapy* (4th ed., pp. 229-258). New York, NY: The Guilford Press.
- Friedlander, M. L., Escudero, V., & Heatherington, L. (2006). Shared sense of purpose within the family. In M. L. Friedlander, V. Escudero, & L. Heatherington (Eds.), *Therapeutic alliance in couple and family therapy: An empirically informed guide to practice* (pp. 125-141). Washington, D.C.: American Psychological Association.
- Friedlander, M. L., Escudero, V., Heatherington, L., & Diamond, G. M. (2011). Alliance in couple and family therapy. *Psychotherapy*, 48, 25-53. doi: 10.1037/a0022060
- Friedlander, M. L., Escudero, V., Horvath, A. O., Heatherington, L., Cabrero, A., & Martens, M. P. (2006). System of observing family therapy alliances: A tool for research and practice. *Journal of Counseling Psychology*, 53, 214-224.
doi:10.1037/0022-0167.53.2.214
- Friedlander, M. L., Lee, H., Shaffer, K. S., & Cabrera, P. (2013). Negotiating therapeutic alliance with a family at impasse: An evidence-based case study. *Psychotherapy*, 51, 41-52. doi: <http://dx.doi.org/10.1037/a0032524>
- Friedman, S., & Lipchik, E. (2002). A time-effective solution-focused approach to couple therapy. In J. M. Donovan (Ed.), *Short-term couple therapy* (pp. 325-359). New York, NY: The Guilford Press.

- Froerer, A. S., & Jordan, S. S. (2013). Identifying solution-building formulations through microanalysis. *Journal of Systemic Therapies*, 32, 60-73.
doi:10.1521/jsyt.2013.32.3.60
- Froude, C. K., & Tambling, R. B. (2014). Couples' conceptualization of problems in couple therapy. *The Qualitative Report*, 19(13), 1-19. Retrieved from:
<http://nsuworks.nova.edu/tqr/vol19/iss13/2>
- Gale, J. (2010). Discursive analysis: A research approach for studying the moment-to-moment construction of meaning in systemic practice. *Human Systems: The Journal of Systemic Consultation and Management*, 21(2), 7-37. Retrieved from:
http://www.taosinstitute.net/Websites/taos/images/ResourcesManuscripts/Jerry_Gale_-discursive_analysis_paper_for_human_systems.pdf
- Gale, J., & Newfield, N. (1992). A conversation analysis of a solution-focused marital therapy session. *Journal of Marital and Family Therapy*, 18, 153-165. doi:
10.1111/j.1752-0606.1992.tb00926.x
- Gale, J., Lawless, J., & Roulston, K. (2004). Discursive approach to clinical research. In T. Strong and D. Paré (Eds.), *Furthering talk: Advances in the discursive therapies* (pp. 125-144). New York, NY: Kluwer Academic/ Plenum Publishers.
doi:10.1007/978-1-4419-8975-8_8
- Gallant, P., & Strauss, I. (2011). Narrative therapy with couples. In D. K. Carson & M. Casado-Kehoe (Eds.), *Case studies in couples therapy* (pp. 289-301). New York, NY: Routledge.

- Garfield, R. (2004). The therapeutic alliance in couples therapy: Clinical considerations. *Family Process*, 43, 457-465. doi:10.1111/j.1545-5300.2004.00034.x
- Gee, J. P. (2011). *An introduction to discourse analysis: Theory and method*. Retrieved from:
<http://lib.myilibrary.com.ezproxylocal.library.nova.edu/Open.aspx?id=278161>
- Gee, J. P., & Handford, M. (2012). Introduction. In J. P. Gee (Ed.), *The routledge handbook of discourse analysis* (pp. 1-6). New York, NY: Routledge. Retrieved from:
<http://lib.myilibrary.com.ezproxylocal.library.nova.edu/Open.aspx?id=500529>
- Gergen, K. J. (1994). Exploring the postmodern: Perils or potentials? *American Psychologist*, 49, 412-416. doi:10.1037/0003-066X.49.5.412
- Gergen, K. J., & Gergen, M. (2012). Therapeutic communication from a constructionist standpoint. In A. Lock & T. Strong (Eds.) *Discursive perspective in therapeutic practice* (pp. 65-82). USA: Oxford University Press. Retrieved from: <http://www.myilibrary.com?ID=389305>
- Gingerich, W. J., & Peterson, L. T. (2013). Effectiveness of solution-focused brief therapy: A systemic qualitative review of controlled outcome studies. *Research on Social Work Practice*, 23, 266-283. doi: 10.1177/1049731512470859
- Goncalves, M. M., Matos, M., & Santos, A. (2009). Narrative therapy and the nature of “innovative moments” in the construction of change. *Journal of Constructivist Psychology*, 22, 1-23. Doi: 10.1080/1070530802500748

- Gottman, J. M. (1999). *The marriage clinic: A scientifically-based marital therapy*. New York, NY: W.W. Norton & Company, Inc.
- Gottman, J. M., & Gottman, J. S. (2008). Gottman method couple therapy. In A. Gurman (Ed.), *Clinical handbook of couple therapy* (4th ed., pp. 138–164). New York, NY: Guilford Press.
- Gurman, A. S. (2008). A framework for the comparative study of couple therapy: History, models, and applications. In A. S. Gurman (Ed.), *Clinical handbook of couple therapy* (4th ed., pp. 1-26). New York, NY: Guilford Press.
- Gurman, A. S. (2010). The evolving clinical practice of couple therapy. In A. S. Gurman (Ed.) *Clinical casebook of couple therapy* (pp.1-20). New York, NY: The Guilford Press.
- Gurman, A. S. (2011). Couple therapy research and the practice of couple therapy: Can we talk? *Family Process*, 50, 280-292. doi:10.1111/j.1545-5300.2011.01360.x
- Gurman, A. S., & Fraenkel, P. (2002). The history of couple therapy: A millennial review. *Family Process*, 41, 199- 260. doi:10.1111/j.1545-5300.2002.41204.x
- Gurman, A. S., & Snyder, D. K. (2011). Couple therapy. In J. C. Norcross, G. R. VandenBos, & D. K. Freedheim (Eds.), *History of psychotherapy: Continuity and change* (2nd ed., pp. 485-496). Washington, DC: American Psychological Association. Retrieved from:
<http://search.proquest.com.ezproxylocal.library.nova.edu/psycbooks/docview/883327837/5FBF6D5242164860PQ/29?accountid=6579>

- Hahlweg, K., Baucom, D. H., Grawe-Gerber, M., & Snyder, D. K. (2010). Dissemination of interventions for the treatment and prevention of couple distress. In K. Hahlweg, M. Grawe-Gerber, & D. H. Baucom (Eds.), *Enhancing couples: The shape of couple therapy to come* (pp. 3-20). Cambridge, MA: Hogrefe Publishing.
- Hammersley, M. (2003). Conversation analysis and discourse analysis: Methods or paradigms? *Discourse and Society*, *14*, 751-781. doi: 10.1177/09579265030146004
- Hammersley, M. (2010). Reproducing or constructing? Some questions about transcription in social research. *Qualitative Research*, *10*, 553-569. doi: 10.1177/1468794110375230
- Hammersley, M., & Campbell, J. L. (2013). *What is qualitative research?* New York, NY: Bloomsbury Publishing Plc.
- Hansen, J. T. (2006). Counseling theories within a postmodernist epistemology: New roles for theories in counseling practice. *Journal of Counseling and Development*, *84*, 291-297. doi:10.1002/j.1556-6678.2006.tb00408.x
- Hoffman, L. (2006). Postmodernism and psychotherapy. Retrieved from: http://postmodernpsychology.com/Topics/Postmodernism_and_psychotherapy.html
- Hoyt, M. F., & Berg, I. K. (1998). Solution-focused couple therapy: Helping clients construct self-fulfilling realities. In F. M. Dattilio (Ed.), *Case studies in couple and family therapy* (pp. 203-232). New York, NY: The Guilford Press.
- Hutchby, I., & Wooffitt, R. (2008). *Conversation analysis*. Malden, MA: Polity Press.

- Iwakabe, S., & Gazzola, N. (2014). From single-case studies to practice-based knowledge: Aggregating and synthesizing case studies. In W. Lutz & S. Knox (Eds.), *Quantitative and qualitative methods in psychotherapy research*, (pp. 327-341). Retrieved from:
<http://lib.myilibrary.com.ezproxylocal.library.nova.edu/Open.aspx?id=560047>
- Johnson, S. M. (2003). The revolution in couple therapy: A practitioner-scientist perspective. *Journal of Marital and Family Therapy*, 29, 365-384.
doi:10.1111/j.1752-0606.2003.tb01213.x
- Johnson, S., & Lebow, J. (2000). The “coming of age” of couple therapy: A decade review. *Journal of Marital and Family Therapy*, 26, 23-38.
doi:10.1111/j.17520606.2000.tb00273.x
- Jordan, S. S., Froerer, A. S., & Bavelas, J. B. (2013). Microanalysis of positive and negative content in solution-focused brief therapy and cognitive behavioral therapy expert sessions. *Journal of Systemic Therapies*, 32, 46-59. doi: 10.1521/jsyt.2013.32.3.46
- Karam, E. A., Blow, A. J., Sprenkle, D. H., & Davis, S. D. (2014). Strengthening the systemic ties that bind: Integration common factor into marriage and family therapy curricula. *Journal of Marital and Family Therapy*. Advance online publication. doi: 10.1111/jmft.12096
- Kerr, M.E. & Bowen, M. (1988). *Family evaluation: The role of the family as an emotional unit that governs individual behavior and development*. New York: W.W. Norton & Company, Inc.

- Knobloch-Fedders, L. M., Pinsof, W. M., & Mann, B. J. (2007). Therapeutic alliance and treatment progress in couple psychotherapy. *Journal of Marital and Family Therapy*, 33, 245-257. doi:10.1111/j.1752-0606.2007.00019.x
- Kogan, S. M., & Gale, J. E. (1997). Decentering therapy: Textual analysis of a narrative therapy session. *Family Process*, 36, 101-126. doi: 10.1111/j.1545-5300.1997.00101.x
- Korman, H., Bavelas, J. B., & De Jong, P. (2013). Microanalysis of formulations in solution-focused brief therapy, cognitive behavioral therapy and motivational interviewing. *Journal of Systemic Therapies*, 32, 31-45. doi:10.1521/jsyt.2013.32.3.31
- Kurri, K., & Wahlstrom, J. (2005). Placement of responsibility and moral reasoning in couple therapy. *Journal of Family Therapy*, 27, 352-369. doi: 10.1111/j.1467-6427.2005.00327.x
- Lambert, J. E., Skinner, A. H., & Friedlander, M. L. (2012). Problematic within-family alliances in conjoint family therapy: A close look at five cases. *Journal of Marital and Family Therapy*, 38, 417-428. doi:10.1111/j.1752-0606.2010.00212.x
- Lebow, J. L. (2006). From research to practice, scoreboard for couples therapies: Which are the winners in the latest research. *Psychotherapy Networker*, 30(5). Retrieved from: <http://search.proquest.com.ezproxylocal.library.nova.edu/docview/233324408?accountid=6579>

- Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy*, 38, 145-168. doi:10.1111/j.1752-0606.2011.00249.x
- Levin, S. B., & Carleton, D. (2011). Collaborative therapy with couples. In D. K. Carson & M. Casado-Kehoe (Eds.), *Case studies in couples therapy* (pp. 317-330). New York, NY: Routledge.
- Madigan, S. (1992). The application of Michel Foucault's philosophy in the problem externalizing discourse of Michael White. *Journal of Family Therapy*, 14, 265-279. doi: 10.1046/j..1992.00458.x
- Madigan, S. (2011). *Narrative therapy*. Washington, D.C.: American Psychological Association.
- Madill, A., Widdicombe, S., & Barkham, M. (2001). The potential of conversation analysis for psychotherapy research. *The Counseling Psychologist*, 29, 413-434. doi: 10.1177/0011000001293006
- Mahaffey, B. A., & Lewis, M. S. (2006). Therapeutic alliance directions in marriage, couple, and family counseling. *Proceedings of the Compelling Counseling Interventions: Celebrating VISTAS Fifth Anniversary*, Article 7, 59-69. Retrieved from: http://counselingoutfitters.com/vistas/vistas08/Mahaffey_Article_7.pdf

- Martinez, C., Tomicic, A., & Medina, L. (2012). Dialogic discourse analysis of psychotherapeutic dialogue: Microanalysis of relevant psychotherapy episodes. *International Journal of Dialogical Science*, 6(1), 99-121. Retrieved from: https://scholar.google.com/scholar?hl=en&q=DIALOGIC+DISCOURSE+ANALYSIS+OF+PSYCHOTHERAPEUTIC+DIALOGUE%3A+MICROANALYSIS+OF+RELEVANT+PSYCHOTHERAPY+EPISODES&btnG=&as_sdt=1%2C10&as_sdtp=
- Master's Works Productions. (1997). *Separateness and togetherness: a family's dilemma*. Los Angeles: CA.
- Master's Works Productions. (2007). *Michael White, The best of friends*. Los Angeles, CA.
- Mateu-Martinez, C., Puigdesens, A. V., Lopez, C. C., Miralles, L. A., & Carranza, V. E. (2014). Constructing therapeutic alliance in couple therapy: An illustrative case study with therapeutic management difficulties. *The UB Journal of Psychology*, 44(1), 95-115. Retrieved from: <http://revistes.ub.edu/index.php/Anuario-psicologia/article/view/10220>
- McCollum, E. E., Stith, S. M., & Thomsen, C. J. (2011). Solution-focused brief therapy in the conjoint couples treatment of intimate partner violence. In C. Franklin, T. S. Trepper, E. E. McCollum, & W. J. Gingerich (Eds.), *Solution-focused brief therapy: A handbook of evidenced-based practices*. Oxford Publisher Online. doi: 10.1093/acprof:oso/9780195385724.003.0073

- McNamee, S. (2004) Social construction as practical theory: Lessons for practice and reflection in psychotherapy. In D. A. Paré & G. Larner (Eds.), *Collaborative practices in psychology and therapy* (pp. 9-22). New York, NY: Routledge.
- Retrieved from:
http://pubpages.unh.edu/~smcnamee/therapeutic/Social_Construction_as_Practical_Theory.pdf
- Murray, C. E., & Murray, T. L. (2004). Solution-focused premarital counseling: Helping couples build a vision for their marriage. *Journal of Marital and Family Therapy*, 30, 349-358. doi: 10.1111/j.1752-0606.2004.tb01245.x
- Neal, J. H. (1996). Narrative training therapy and supervision. *Journal of Systemic Therapies*, 15(1), 63-77. Retrieved from:
<http://mftcourses.net/documents/neal%2096.pdf>
- Norcross, J. C., & Wampold, B. E. (2011). Evidenced-based therapy relationships: Research conclusions and clinical practices. *Psychotherapy*, 41, 98-102.
doi:10.1037/a0022161
- Oka, M., & Whiting, J. (2013). Bridging the clinician/researcher gap with systemic research: The case for process research, dyadic, and sequential analysis. *Journal of Marital and Family Therapy*, 39, 17-27. doi: 10.1111/j.1752-0606.2012.00339.x

- Olson, M. E., Laitila, A., Rober, P., & Seikkula, J. (2012). The shift from monologue to dialogue in a couple therapy session: Dialogical investigation of change from the therapists' point of view. *Family Process*, 51, 420-435. doi: 10.1111/j.1545-5300.2012.01406.x
- Payne, M. (2006). *Narrative therapy*. Thousand Oaks, CA: SAGE Publications Ltd.
Retrieved from: <http://www.myilibrary.com?ID=124505>
- Pinsof, W. M., & Catherall, D. R. (1986). The integrative psychotherapy alliance: Family, couple and individual therapy scales. *Journal of Marital and Family Therapy*, 12, 137-151. doi:10.1111/j.1752-0606.1986.tb01631.x
- Pinsof, W. M., Zinbarg, R., & Knobloch-Fedders, L. M. (2008). Factorial and construct validity of the revised short form integrative psychotherapy alliance scales for family, couple, and individual therapy. *Family Process*, 47, 281-301. doi: 10.1111/j.1545-5300.2008.00254.x
- Pocock, D. (1995). Searching for a better story: Harnessing modern and postmodern positions in family therapy. *Journal of Family Therapy*, 17, 149-173. doi: 10.1111/j.1467-6427.1995.tb00011.x
- Potter, J. (2004). Discourse analysis. In M. Hardy and A. Bryman (Eds.), *Handbook of data analysis* (pp. 607-625). doi: <http://dx.doi.org/10.4135/9781848608148.n27>
- Potter, J. (2012). Discourse analysis and discursive psychology. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter & D. Rindskopf (Eds.), *APA handbook of research designs: Quantitative, qualitative, neuropsychological, and biological* (v.2, pp.119-138). Washington, D.C.: American Psychological Association.

- Rosenblatt, P. C., & Reiks, S. J. (2009). No compromise: Couples dealing with issues for which they do not see a compromise. *The American Journal of Family Therapy*, 37, 196-208. doi:10.1080/01926180802405554
- Rudes, J., & Guterman, J. T. (2007). The value of social construction for the counseling profession: A reply to Hansen. *Journal of Counseling and Development*, 85(4), 387-392. Retrieved from:
<http://search.proquest.com.exproxylocal.library.nova.edu/docview/219026369?accountid=6579>
- Scheinkman, M., & Fishbane, M. D. (2004). The vulnerability cycle: Working with impasses in couple therapy. *Family Process*, 43, 279-299. doi: 10.1111/j.1545-5300.2004.00023.x
- Sedall, R. B. (2009). Enhancing change process in solution-focused brief therapy by utilizing couple enactments. *The American Journal of Family Therapy*, 37, 99-113. doi: 10.1080/01926180802132356
- Sexton, T. L., Ridley, C. R., & Kleiner, A. J. (2004). Beyond common factors: Multilevel-process models of therapeutic change in marriage and family therapy. *Journal of Marital and Family Therapy*, 30, 131-149. doi: 10.1111/j.1752-0606.2004.tb01229.x
- Sexton, T., Gordon, K. C., Gurman, A., Lebow, J., Holtzworth-Munroe, A., & Johnson, S. (2011). Guidelines for classifying evidence-based treatments in couple and family therapy. *Family Process*, 50, 377-392. doi:10.1111/j.1545-5300.2011.01363.x

- Simon, R. (2011). From the editor: The gritty, hot-blooded work of couples therapy. *Psychotherapy Networker*, 35(6). Retrieved from:
<http://search.proquest.com.ezproxylocal.library.nova.edu/docview/920264415?accountid=6579>
- Simon, G. M. (2012). The role of the therapist: What effective therapists do. *Journal of Marital and Family Therapy*, 38, 8-12. doi: 10.1111/j.1752-0606.2009.00136.x
- Skerrett, K. (1996). From isolation to mutuality: A feminist collaborative model of couple therapy. *Women & Therapy*, 19, 93-106. doi: 10.1300/J015v19n03_09
- Snyder, D. K., & Balderrama-Durbin, C. (2012). Integrative approaches to couple therapy: Implications for clinical practice and research. *Behavior Therapy*, 43, 13-24. doi:10.1016/j.beth.2011.03.004
- Snyder, D. K., & Halford, W. K. (2012). Evidence-based couple therapy: Current status and future directions. *Journal of Family Therapy*, 34, 229-249. doi: 10.1111/j.1467-6427.2012.00599.x
- Snyder, D. K., Castellani, A. M., & Whisman, M. A. (2006). Current status and future directions in couple therapy. *Annual Review Psychology*, 57, 317-344. doi:10.1146/annurev.psych.56.091103.070154
- Solution Focused Brief Therapy Association. (2008). *Together in the middle of the bed: brief treatment of a couple*. Milwaukee, WI.

- Sprenkle, D. H. (2012). Intervention research in couple and family therapy: A methodological and substantive review and an introduction to the special issue. *Journal of Marital and Family Therapy*, 38, 3-29. doi: 10.1111/j.1752-0606.2011.00271.x
- Sprenkle, D. H., & Blow, A. J. (2004). Common factors and our sacred models. *Journal of Marital and Family Therapy*, 30, 113-129. doi:10.1111/j.1752-0606.2004.tb01228.x
- Sprenkle, D. H., Davis, S. D., & Lebow, J. L. (2009). *Common factors in couple and family therapy: The overlooked foundation for effective practice*. New York, NY: The Guilford Press.
- Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research*, 17, 1372-1380. doi:10.1177/1049732307307031
- Strong, T., & Lock, A. (2005). Discursive therapy. *Janus Head*, 8(2), 585-593. Retrieved from: <http://www.janushead.org/8-2/StrongLock.pdf>
- Strong, T., & Paré, D. (Eds.). (2004). *Furthering Talk: Advances in the discursive therapies*. New York, NY: Kluwer Academic/ Plenum Publishers.
- Stuart, R. B. (2003). *Helping couples change: A social learning approach to marital therapy*. New York, NY: The Guilford Press.
- Sullivan, K. T., & Davila, J. (2014). The problem is my partner: Treating couples when one partner wants the other to change. *Journal of Psychotherapy Integration*, 24, 1-12. doi:10.1037/a0035969

- Sundet, R. (2012). Postmodern-oriented practices and patient-focused research: Possibilities and hazards. *The Australian and New Zealand Journal of Family Therapy*, 33, 299-308. doi: 10.1017/aft.2012.38
- Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal*, 11, 63-75. doi: <http://dx.doi.org/10.3316/QRJ1102063>
- Sutherland, O., & Strong, T. (2010). Therapeutic collaboration: A conversation analysis of constructionist therapy. *Journal of Family Therapy*, 33, 256-278. doi: 10.1111/j.1467-6427.2010.00500.x
- Sutherland, O., Dienhart, A., & Turner, J. (2013). Responsive persistence part II: practices of postmodern therapists. *Journal of Marital and Family Therapy*, 39, 488-501. doi: 10.1111/j.1752-0606.2012.00334.x
- Symonds, D., & Horvath, A. O. (2004). Optimizing the alliance in couple therapy. *Family Process*, 43(4), 443-455. doi:10.1111/j.1545-5300.2004.00033.x
- Talbot, W. (2012). *Reflexive audiencing practices for couple relationships-in-action* (Doctoral dissertation, University of Waikato). Retrieved from: <http://researchcommons.waikato.ac.nz/bitstream/handle/10289/6100/thesis.pdf?sequence=3&isAllowed=y>
- Taylor, S. (2013). *What is discourse analysis?* New York, NY: Bloomsbury Publishing Plc.

- ten Haven, P. (2007). *Doing conversation analysis*. Los Angeles, CA: SAGE Publications. Retrieved from:
<http://srmo.sagepub.com.ezproxylocal.library.nova.edu/view/doing-conversation-analysis/SAGE.xml>
- Thomas, F. N., & Nelson, T. S. (2007). Assumptions and practices within solution-focused brief therapy tradition. In F. N. Thomas & T. S. Nelson (Eds.), *Handbook of solution-focused brief therapy: Clinical applications* (pp.5-24). New York, NY: The Haworth Press.
- Toerien, M. (2014). Conversations and conversation analysis. In U. Flick (Ed.), *The SAGE handbook of qualitative data analysis*, (pp. 327-341). London, UK: SAGE Publications Ltd. doi: <http://dx.doi.org/10.4135/9781446282243.n22>
- Tomm, K. (1984). One perspective on the Milan Systemic approach: Part II. Description of session format, interviewing style and interventions. *Journal of Marriage and Family Therapy*, 10(3), 253-271.
- Toukmanian, S. G., & Rennie, D. L. (1992). *Psychotherapy process research: Pragmatic and narrative approaches*. Thousand Oaks, CA: SAGE Publications.
- Trepper, T. S., Dolan, Y., McCollum, E. E., & Nelson, T. S. (2006). Steve de Shazer and the future of solution-focused therapy. *Journal of Marital and Family Therapy*, 32, 133-139. doi: 10.1111/j.1752-0606.2006.tb01595.x
- van Dijk, T. A. (1997). Analyzing discourse analysis. *Discourse and Society*, 8, 5-6.
doi:10.1177/0957926597001001

- Ward, A. & Knudson-Martin, C. (2012). The impact of therapist actions on the balance of power within the couple system: A qualitative analysis of therapy sessions. *Journal of Couple and Relationship Therapy, 11*, 221-237. doi: 10.1080/15332691.2012.692943
- Weil, E. (2012, March 2). Does couples therapy work? *The New York Times*. Retrieved from: http://www.nytimes.com/2012/03/04/fashion/couples-therapists-confront-the-stresses-of-their-field.html?pagewanted=all&_r=0
- White, M. (2007). *Maps of narrative practice*. New York, NY: W.W. Norton & Company, Inc.
- White, M. (2009). Narrative practice and conflict dissolution in couple therapy. *Clinical Social Work Journal, 37*, 200-213. doi: 10.1007/s10615-009-0192-6
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. New York, NY: W.W. Norton & Company, Inc.
- Wile, D. B. (2002). Collaborative couple therapy. In J. M. Doherty (Ed.) *Short-term couple therapy* (pp. 201-225). New York, NY: The Guilford Press.
- Willig, C. (2014). Discourses and discourse analysis. In U. Flick (Ed.), *The SAGE handbook of qualitative data analysis*, (pp. 341-354). London, UK: SAGE Publications Ltd. doi: <http://dx.doi.org/10.4135/9781446282243.n23>
- Zeigler, P., & Hiller, T. (2001). *Recreating partnerships: A solution-oriented, collaborative approach to couples therapy*. New York: W.W. Norton & Company, Inc.

Biographical Sketch

Samira Y. Garcia was born in Fort Lauderdale, FL on February 8, 1987 to Jose and Cecilia Garcia. She traveled with her family to the Dominican Republic where she lived until age 8. After returning to the United States Samira was able to acquire a bilingual education. This led to a curiosity of multiculturalism, human adaptive processes and the psychology behind them. Fueled by this curiosity Samira obtained a dual Bachelor's of Science from Florida International University in the disciplines of Psychology, Sociology, and Anthropology. She then traveled to Garden City, NY where she obtained a Master's of Arts in Psychology with a concentration on Forensic Psychology at Adelphi University. A course on Family Violence and one on Divorce Impasse served as the inspiration for pursuing a Doctorate of Philosophy in Family Therapy at Nova Southeastern University in her home state. Leading to the completion of this dissertation, during her doctoral studies she developed a strong interest in the philosophical and theoretical notions of different models of practice and how these affect teaching and learning practices.